

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-24-2005 90001 014 ***150.00
FIL P04000013398
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -1 PM 2:21

DOCUMENT # P04000013398 1. Entity Name SPEED MORTGAGE LENDERS CORP.					
Principal Place of Business 2441 NW 93 AVE. STE 109B MIAMI, FL 33172				Mailing Address 2441 NW 93 AVE. STE 109B MIAMI, FL 33172	
2. Principal Place of Business 2441 NW 93 Ave		3. Mailing Address 2441 NW 93 Ave			
Suite, Apt. #, etc. Suite 109-B		Suite, Apt. #, etc. Suite 109-B			
City & State Doral FL		City & State Doral, FL			
Zip 33172		Zip 33172			
Country DADE		Country DADE		05032005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0635474				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERAS, ALDO 16634 SW 50TH TERRACE MIAMI, FL 33185				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD VERAS, ALDO 2441 NW 93 AVE., STE 109B MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Aldo Veras <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/01/2005 <small>Date</small>		
			786-381-9766 <small>Daytime Phone #</small>		