

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90051 021 ***150.00

DOCUMENT # P04000039288

1. Entity Name
TRANS GLOBAL MORTGAGE FUNDING, INC.



Principal Place of Business
**3625 NW 31ST AVE.
OAKLAND PARK, FL 33309**

Mailing Address
**3625 NW 31ST AVE.
OAKLAND PARK, FL 33309**

2. Principal Place of Business - No P.O. Box #

10139 NW 31ST

Suite, Apt. #, etc.

#102

3. Mailing Address

10139 NW 31ST

Suite, Apt. #, etc.

#102

City & State

Coral Springs FL

Zip

33065

Country

USA

City & State

Coral Springs FL

Zip

33065

Country

USA

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0811006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NATHANSON, ERIC
3625 NW 31ST AVE.
OAKLAND PARK, FL 33309**

7. Name and Address of New Registered Agent

Name

Nathanson, Eric

Street Address (P.O. Box Number is Not Acceptable)

10139 NW 31ST #102

City

Coral Springs

FL

Zip Code

33065

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NATHANSON, ERIC**
STREET ADDRESS **10139 NW 1 ST #102**
CITY - ST - ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

Date

954-735-1000

Daytime Phone #