

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040728

Entity Name: SOLUTIONS MORTGAGE DIRECT, INC.

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

6363 TAFT ST
315D
HOLLYWOOD, FL 33024

Current Mailing Address:

6363 TAFT ST
315D
HOLLYWOOD, FL 33024

New Principal Place of Business:

6099 STIRLING RD
214
DAVIE, FL 33019

New Mailing Address:

POBOX 816222
HOLLYWOOD, FL 33081

FEI Number: 20-0863683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOHORQUEZ, ARIEL O
6363 TAFT ST
315D
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

BOHORQUEZ, ARIEL O
6099 STIRLING RD
214
DAVIE, FL 33019 US

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.

SIGNATURE: BOHORQUEZ, ARIEL O

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOHORQUEZ, ARIEL O
Address: 6363 TAFT ST # 315D
City-St-Zip: HOLLYWOOD, FL 33024

Title: V () Delete
Name: MINDEL, ALBERT
Address: 6363 TAFT ST # 315D
City-St-Zip: HOLLYWOOD, FL 33024

Title: T (X) Delete
Name: TEUTA, CLAUDIA
Address: 6363 TAFT ST # 315D
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTAÑEDA, ALVARO
Address: 6099 STIRLING RD #214
City-St-Zip: DAVIE, FL 33019

Title: V (X) Change () Addition
Name: BOHORQUEZ, ARIEL O
Address: 6099 STIRLING RD #214
City-St-Zip: DAVIE, FL 33019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO CASTAÑEDA

P

03/10/2005

Electronic Signature of Signing Officer or Director

Date