

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90006 006 ***150.00

DOCUMENT # P04000041312

1. Entity Name
GUARANTEED MORTGAGE FUNDING CORP.



Principal Place of Business
**2666 TIGERTAIL AVE
SUITE 112
COCONUT GROVE, FL 33133**

Mailing Address
**2666 TIGERTAIL AVE
SUITE 112
COCONUT GROVE, FL 33133**

50022237

2. Principal Place of Business
**6400 N. Andrews Avenue
Suite, Apt. #, etc.
Suite #300**

3. Mailing Address
**6400 N. Andrews Avenue
Suite, Apt. #, etc.
Suite #300**

07102006 Chg-P CR2E034 (11/05)

City & State
Ft. Lauderdale, FL
Zip
33309
Country
USA

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4. FEI Number
20-0837206
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAZEN, BARRY
2666 TIGERTAIL AVE.
#112
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name
Chazen, Barry
Street Address (P.O. Box Number is Not Acceptable)
6400 N. Andrews Avenue
Suite #300
City
Ft. Lauderdale **FL** Zip Code
33309

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)

7/10/2006
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAZEN, BARRY M 2666 TIGERTAIL AVE COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chazen, Barry M 6400 N. Andrews Avenue, Ste #300 Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2006
Date Daytime Phone #