

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90291 022 ***150.00

DOCUMENT # P04000041517

1. Entity Name
A FLAMINGO BAY MORTGAGE, CORP.



Principal Place of Business
700 MINORCA AVENUE
CORAL GABLES, FL 33134

Mailing Address
700 MINORCA AVENUE
CORAL GABLES, FL 33134

60028205



2. Principal Place of Business

4491 NW 36 ST

3. Mailing Address

4491 NW 36 ST

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Miami, FL

City & State

Miami, FL

Zip

33106

Country

USA

Zip

33106

Country

USA

01202006

Chg-P

CR2E034 (11/05)

4. FEI Number
86-1099201

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

URDANIVIA, NANCY
700 MINORCA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

4491 NW 36 ST, Suite B

City

Miami

FL

Zip Code

33106

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]

(Signature and typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME URDANIVIA, NANCY
STREET ADDRESS 700 MINORCA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE VPD
NAME CAMPO, JACQUELINE
STREET ADDRESS 700 MINORCA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE SD
NAME CAMPO, XIOMARA ELENA
STREET ADDRESS 700 MINORCA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS 4491 NW 36 ST, Suite B
CITY-ST-ZIP Miami, FL 33106 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS 4491 NW 36 ST, Suite B
CITY-ST-ZIP Miami, FL 33106 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS 4491 NW 36 ST, Suite B
CITY-ST-ZIP Miami, FL 33106 ☒ Change ☐ Addition

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

Daytime Phone #