

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90049 045 ***150.00

DOCUMENT # P04000041517

1. Entity Name
A FLAMINGO BAY MORTGAGE, CORP.



Principal Place of Business Mailing Address

~~4491 NW 36TH ST STE B MIAMI, FL 33166~~
1825 SW 72ct MIAMI - FL 33155

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

~~4491 NW 36TH ST STE B MIAMI, FL 33166~~
1825 SW 72ct MIAMI - FL 33155

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

~~MIAMI - FL~~ **MIAMI - FL 33155**

Zip Country Zip Country

~~33166~~ **33155** ~~FL~~ **FL**

40110100



03292007 Chg-P CR2E034 (12/06)

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
~~4491 NW 36TH ST, STE B MIAMI, FL 33166~~
1825 SW 72ct MIAMI - FL 33155

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	URDANIVIA, NANCY	4491 NW 36TH ST, STE B MIAMI, FL 33166	1825 SW 72ct MIAMI - FL 33155	<input type="checkbox"/>
VPD	CAMPO, JACQUELINE	4491 NW 36TH ST, STE B MIAMI, FL 33166	1825 SW 72ct MIAMI - FL 33155	<input type="checkbox"/>
SD	CAMPO, XIOMARA ELENA	4491 NW 36TH ST, STE B MIAMI, FL 33166	1825 SW 72ct MIAMI - FL 33155	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Nancy Urda* _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____