## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000060286

Entity Name: EXCELLENCE MORTGAGE CORPORATION

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

755 EAST 49 STREET 755 EAST 49 STREET 8UITE-7

HIALEAH, FL 33013 HIALEAH, FL 33013

Current Mailing Address: New Mailing Address:

755 EAST 49 STREET
6 SUITE-7
HIALEAH, FL 33013 755 EAST 49 STREET
8 SUITE-7
HIALEAH, FL 33013

FEI Number: 20-0980130 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIFREDO, AMAURY
755 EAST 49 STREET
6
SUITE-7
HIALEAH, FL 33013 US
SIFREDO, AMAURY
755 EAST 49 STREET
SUITE-7
HIALEAH, FL 33013 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: AMAURY SIFREDO 01/04/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SIFREDO, AMAURY
Address: 755 FAST 49 STREET

Address: 755 EAST 49 STREET #6 City-St-Zip: HIALEAH, FL 33013

 Title:
 VP
 ( ) Delete

 Name:
 SIFREDO, JOSE

 Address:
 9328 SW 38 ST

City-St-Zip:

MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition

Name: SIFREDO, AMAURY

Address: 755 EAST 49 STREET SUITE-7

City-St-Zip: HIALEAH, FL 33013

Title: VP (X) Change ( ) Addition

Name: SIFREDO, JOSE

Address: 209 NW 109 AVE UNIT-405 City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AMAURY SIFREDO P 01/04/2007