

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077055

FILED  
May 01, 2006  
Secretary of State

Entity Name: A-1 TRUST MORTGAGE BUSINESS CORP.

## Current Principal Place of Business:

700 NW 217 TERRACE  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

5951 NW 173 DRIVE  
BAY 5  
MIAMI, FL 33015

## Current Mailing Address:

700 NW 217 TERRACE  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 55-0871604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABALLERO, CARLOS H  
700 NW 217 TERRACE  
PEMBROKE PINES, FL 33029      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: CABALLERO, CARLOS H  
Address: 700 NW 217 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP      ( ) Delete  
Name: LOPEZ, BARBARA  
Address: 700 NW 217 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: BARBARA LOPEZ/ CHC

VP

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date