## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000077055

Entity Name: A-1 TRUST MORTGAGE BUSINESS CORP.

FILED Apr 26, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

5951 NW 173 DRIVE 5951 NW 173 DRIVE BAY 5 #5

MIAMI, FL 33015 MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

700 NW 217 TERRACE 5951 NW 173 DRIVE PEMBROKE PINES, FL 33029 #5

MIAMI, FL 33015

FEI Number: 55-0871604 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:

CABALLERO, CARLOS H
CABALLERO, CARLOS H
TOO NW 217 TERRACE
CABALLERO, CARLOS H
1311 NW 155 LANE

PEMBROKE PINES, FL 33029 US PEMBROKE PINES, FL 33028 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: 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 CABALLERO, CARLOS H
 Name:
 CABALLERO, CARLOS H

 Address:
 700 NW 217 TERRACE
 Address:
 1311 NW 155 LANE

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 PEMBROKE PINES, FL 33028

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 LOPEZ, BARBARA
 Name:
 CABALLERO, BARBARA

 Address:
 700 NW 217 TERRACE
 Address:
 1311 NW 155 LANE

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 PEMBROKE PINES, FL 33028

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 CABALLERO VP 04/26/2007