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Sep 02, 2005 8:00 am
Secretary of State

08-17-2005 90003 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000077667

1. Entity Name
INTERNATIONAL MORTGAGE SOLUTIONS CORPORATION

Principal Place of Business	Mailing Address
9471 SW 49TH PLACE COOPER CITY, FL 33328	9471 SW 49TH PLACE COOPER CITY, FL 33328

08122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4331 N. Federal Highway	4331 N. Federal Highway
Suite, Apt. #, etc.: Suite 303	Suite, Apt. #, etc.: Suite 303
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33308 Country: USA	Zip: 33308 Country: USA

4. FEI Number: 43-2048965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

RAYCHOK, OZLEM
9471 SW 49TH PLACE
COOPER CITY, FL 33328

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	RAYCHOK, OZLEM	NAME	
STREET ADDRESS	~~9471 SW 49TH PLACE~~	STREET ADDRESS	18934 RED CORAL WAY
CITY-ST-ZIP	~~COOPER CITY, FL 33328~~	CITY-ST-ZIP	BOCA RATON FL 33498
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 8/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #