

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUN 29 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000097022

1. Entity Name
CITYONE MORTGAGE BANKERS, INC.



Principal Place of Business
7500 NW 25 STREET
SUITE 200
MIAMI, FL 33122

Mailing Address
7500 NW 25 STREET
SUITE 200
MIAMI, FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06132006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, HUMBERTO
7500 NW 25 STREET
SUITE 200
MIAMI, FL 33122

Name

Same Agent - address change only

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

15052 SW 149 Street

City

Miami, FL

FL

Zip Code

33196

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

6-13-06

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P
STREET ADDRESS GONZALEZ, MARY ☒ Delete
CITY-ST-ZIP 7500 NW 25TH STREET SUITE 200
MIAMI, FL 33122

TITLE
NAME P D C
STREET ADDRESS Gonzalez, Humberto (Bert) P. ☐ Change ☒ Addition
CITY-ST-ZIP 15052 SW 149 Street
Miami, FL 33196

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME V S T
STREET ADDRESS Gonzalez, Victoria ☐ Change ☒ Addition
CITY-ST-ZIP 15052 SW 149 Street
Miami, FL 33196

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 person 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:

Humberto P. Gonzalez

6/13/2006

305-992-4769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #