


2005 FOR PROFIT CORPORATION REINSTATEMENT

page 1 of 2

DOCUMENT # P04000103534				
1. Entity Name SPECIALTY FINANCIAL MORTGAGE, INC.				
Principal Place of Business 5783-A NW 151 ST MIAMI LAKES, FL 33014		Mailing Address 5783-A NW 151 ST MIAMI LAKES, FL 33014		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

FILED

05 NOV -8 AM 10:15

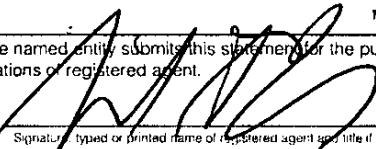
03/14/05 90073 050 1SD.0
SECRETARY OF STATE
TALLAHASSEE, FL 32399


10142005 REIN-P CR2E098 (6/04)

4. FEI Number 20-1390158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEREZ, DAVID T ESQ 7590 NW 186TH ST STE 206 MIAMI, FL 33015		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  DAVID T. PEREZ 10-14-05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, DULCE M <input type="checkbox"/> Delete 5783-A NORTHWEST 151 STREET MIAMI LAKES, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, JORGE <input type="checkbox"/> Delete 5783-A NORTHWEST 151 STREET MIAMI LAKES, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DULCE M PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/05
Date

Daytime Phone #


Page 2012

November 3, 2005

To Whom It May Concern:

Please enclosed find the 2005 For Profit corporation Reinstatement when we filed on March 2005 and was mailed with a check and the annual report is not my clients fault That you misplaced the report so I am enclosing a new copy fill of the 2005 annual Report in hope that you accepted this report without the \$600.00 dollars reinstatement Fee awaiting for your reply I remain.

Sincerely Yours,


Ana M. Condis
Accountant