

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FIL
Jan 23, 200
Secretar

DOCUMENT # P04000131610

Entity Name
FLORIDA MORTGAGE ADVISORS, INC.



Principal Place of Business
5260 HAWK DR.
KISSIMMEE, FL 34746

Mailing Address
5260 HAWK DR.
KISSIMMEE, FL 34746



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3723970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

AFFRICANO, TODD
5260 HAWK DR.
KISSIMMEE, FL 34746

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I, 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 *Todd Affricano* DATE 1/11/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
For May 1, 2006 Fee will be \$550.00

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

UN00000398317
01/30/06-80090-012 150.00

OFFICERS AND DIRECTORS

PRES
AFFRICANO, TODD
5260 HAWK DR.
KISSIMMEE, FL 34746

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IN THIS SPACE**

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 contained 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: *Todd Affricano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/06 407-396-2530