

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000146085

**FILED**  
**Aug 21, 2007**  
**Secretary of State**

**Entity Name:** ALL MORTGAGES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

9745 SW 72ND, STREET, SUITE 109,  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9745 SW 72ND, STREET, SUITE 109,  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 54-2162044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEDINA, V  
9745 SW 72 STREET SUITE 109  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MEDINA, VALERIE N  
Address: 6841 SW 48 STREET  
City-St-Zip: MIAMI, FL 33155

Title: V ( ) Delete  
Name: MEDINA, D  
Address: 6841 SW 48 STREET  
City-St-Zip: MIAMI, FL 33155

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MEDINA, VALERIE N  
Address: 9745 SW 72ND ST SUITE 109  
City-St-Zip: MIAMI, FL 33173

Title: V (X) Change ( ) Addition  
Name: MEDINA, D  
Address: 9745 SW 72ND ST SUITE 109  
City-St-Zip: MIAMI, FL 33173

Title: V ( ) Change (X) Addition  
Name: HERNANDEZ, ALEXANDER  
Address: 9745 SW 72ND ST SUITE 109  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify 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:** VALERIE N. MEDINA

P

08/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date