

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90115 032 ***158.75

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1. Entity Name

CE MORTGAGES & INVESTMENT GROUP, CORP



Principal Place of Business

10325 S.W. 41 ST
MIAMI FL 33165

Mailing Address

10325 S.W. 41 ST
MIAMI FL 33165



2. Principal Place of Business

400 S.W. 107 AVE

Suite, Apt. #, etc.

Ste #304

City & State

Miami, Florida

Zip

33174

Country

None

3. Mailing Address

400 S.W. 107 AVE

Suite, Apt. #, etc.

Ste #304

City & State

Miami, FL

Zip

33174

Country

None

1st MOORE

CR2E034 (10/04)

4. FEI Number

84-1661988

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, CARIDAD E MRS.
10325 S.W. 41 ST
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

Caridad E. Gonzalez

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

400 S.W. 107 AVE. Ste #304

City

Miami

FL

Zip Code

33174

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

Caridad E. Gonzalez / Director/Secretary

4/29/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS: \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALEZ, CARIDAD E MRS.
STREET ADDRESS 10325 S.W. 41 ST.
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE DA
NAME GONZALEZ, EDUARDO SR.
STREET ADDRESS 10325 S.W. 41 ST.
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/S
NAME Caridad E. Gonzalez
STREET ADDRESS 400 S.W. 107 AVE. Ste #304
CITY-ST-ZIP Miami, FL. 33174 ☒ Change ☐ Addition

TITLE DA
NAME Eduardo Gonzalez
STREET ADDRESS 400 S.W. 107 AVE. Ste #304
CITY-ST-ZIP Miami, FL. 33174 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Caridad E. Gonzalez / Caridad E. Gonzalez

4/29/05

(305) 300-7961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #