

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

05-04-2005 90101 027 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000161030

1. Entity Name
INFINITE MORTGAGES, CORP.



Principal Place of Business
854 NW 87TH AVENUE
APT 505
MIAMI, FL 33172

Mailing Address
854 NW 87TH AVENUE
APT 505
MIAMI, FL 33172

14016124



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

- Suite, Apt. #, etc.

04292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1959876

Applied for
Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIETO, DANIEL
854 NW 87TH AVENUE
APT 505
MIAMI, FL 33172

Name

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

City

FL

Zip Code

B. 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

DANIEL PRIETO

04/29/05

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

(NOTE: Registered Agent signature required when withdrawing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 1

TITLE PD ☐ Delete
NAME PRIETO, DANIEL
STREET ADDRESS 854 NW 87TH AVENUE, APT 505
CITY-ST-ZIP MIAMI, FL 33172

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

TITLE VD ☐ Delete
NAME CASTILLO, TAILUMA
STREET ADDRESS 854 NW 87TH AVENUE, APT 505
CITY-ST-ZIP MIAMI, FL 33172

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 lists empowered.

SIGNATURE:

04/29/05

Date

Daytime Phone #