

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163957

Entity Name: COMBI MORTGAGE INC

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

1111 NE 203 STREET
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

331 HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009 US

Current Mailing Address:

1111 NE 203 STREET
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

331 HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009 US

FEI Number: 20-2299476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIVONA, COSIMO
1111 NE 203 STREET
NORTH MIAMI BEACH, FL 33179 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P-D () Delete
Name: BIVONA, COSIMO
Address: 1111 NE 203 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COSIMO BIVONA

P-D

06/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date