

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000165661

1. Entity Name
BEST ACTIVE MORTGAGE, INC.



FILED
05 JUL 22 AM 10:01

TALLAHASSEE, FLORIDA

Principal Place of Business
**2056 SE 19 ST
HOMESTEAD, FL 33035**

Mailing Address
**2056 SE 19 ST
HOMESTEAD, FL 33035**

2. Principal Place of Business
11060 N Kendall Drive
Suite, Apt. #, etc. **4**

3. Mailing Address
11060 N Kendall Drive
Suite, Apt. #, etc. **4**

City & State
Miami FL

City & State
Miami FL

Zip
33176

Country
US

Zip
33176

Country
US



07152005 Chg-P CR2E034 (10/03)

4. FEI Number
32-0134191

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GARCIA-LOYNAZ, ESPERANZA
2056 SE 19 STREETN
HOMESTEAD, FL 33035

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE **7-15-05**

Amended AR is \$61.25

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 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA-LOYNAZ, ESPERANZA		NAME		
STREET ADDRESS	2056 SE 19 STREET		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP		500058485725
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	08/11/05--01050--009 **\$1.25
NAME	CRUZ-JUSINO, CARMEN		NAME		
STREET ADDRESS	19250 SW 190 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7-15-05** DAYTIME PHONE # **305-403-7603**