

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165661

FILED  
Jan 29, 2007  
Secretary of State

Entity Name: BEST ACTIVE MORTGAGE, INC.

## Current Principal Place of Business:

11060 N KENDALL DRIVE  
#4  
MIAMI, FL 33176

## New Principal Place of Business:

10661 NORTH KENDALL DRIVE  
112  
MIAMI, FL 33176

## Current Mailing Address:

11060 N KENDALL DRIVE  
#4  
MIAMI, FL 33176

## New Mailing Address:

10661 NORTH KENDALL DRIVE  
112  
MIAMI, FL 33176

FEI Number: 32-0134191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GARCIA-LOYNAZ, ESPERANZA  
2056 SE 19 STREET  
HOMESTEAD, FL 33035 US

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: ESPERANZA GARCIA-LOYNAZ

01/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GARCIA-LOYNAZ, ESPERANZA  
Address: 2056 SE 19 STREET  
City-St-Zip: HOMESTEAD, FL 33035

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: GARCIA-LOYNAZ, ESPERANZA  
Address: 2056 SE 19 STREET  
City-St-Zip: HOMESTEAD, FL 33035

Title: PD ( ) Change (X) Addition  
Name: SCANZIANI, PAUL J  
Address: 2064 SE 19 STREET  
City-St-Zip: HOMESTEAD, FL 33035

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL JOHN SCANZIANI

PD

01/29/2007

Electronic Signature of Signing Officer or Director

Date