

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90054 041 ***150.00

DOCUMENT # P05000023185



1. Entity Name
FIRST LATIN CONSULTANT MORTGAGE CORP.

Principal Place of Business
583 PONDELLA RD.
UNIT E
FORT MYERS, FL 33909

Mailing Address
583 PONDELLA RD.
UNIT E
FORT MYERS, FL 33909

2. Principal Place of Business - No P.O. Box #
3979 NORTH SIDE CIRCLE
Suite, Apt. #, etc.
#5

3. Mailing Address
3979 NORTH SIDE CIRCLE
Suite, Apt. #, etc.
#5



01232007 Chg-P CR2E034 (12/06)

City & State
N. FORT MYERS FL
Zip
33903

City & State
N. FORT MYERS FL
Zip
33903

4. FEI Number
90-0253576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERRERA, LILIANNET
583 PONDELLA RD.
UNIT E
FORT MYERS, FL 33909

7. Name and Address of New Registered Agent

Name
HERRERA, LILIANNET

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

3979 NORTH SIDE CIRCLE

City
N. FORT MYERS

FL

Zip Code
33903

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 re-registering)

01/23/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERRERA, LILIANNET
583 PONDELLA RD. UNIT E
FORT MYERS, FL 33909 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERRERA, LILIANNET
3979 NORTH SIDE CIRCLE
NORTH FORT MYERS, FL 33903 ☒ 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

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 exemptions contained 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 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] LILIANNET HERRERA

01/23/07

(231) 997-0049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #