


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90039 032 \*\*\*150.00

<b>DOCUMENT # P05000098144</b> 1. Entity Name INFINITI FLORIDA MORTGAGE INC.	
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Principal Place of Business 6321 N.W. 176TH TERRACE MIAMI, FL 33015	Mailing Address 6321 N.W. 176TH TERRACE MIAMI, FL 33015
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2. Principal Place of Business 6175 N.W. 153 STREET Suite, Apt. #, etc. 300 City & State MIAMI LAKES, FLORIDA Zip 33014-2443 Country	3. Mailing Address 6175 N.W. 153 STREET Suite, Apt. #, etc. 300 City & State MIAMI LAKES, FLORIDA Zip 33014-2443 Country
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01232006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1222649	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEMIRDJIAN, GABRIEL 6321 N.W. 176TH TERRACE MIAMI, FL 33015	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMIRDJIAN, GABRIEL 6321 N.W. 176TH TERRACE MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GABRIEL DEMIRDJIAN 1-23-06 305 557-9336