

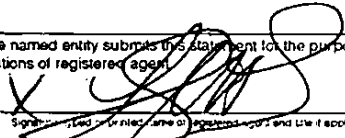
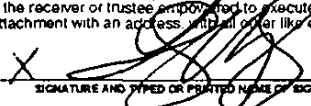
2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2006-90022-027-\$550.00-\$550.00

FILED

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000105159					
1. Entity Name FORSURE MORTGAGE CORPORATION					
Principal Place of Business 14806 NE 6 AVE N MIAMI, FL 33161			Mailing Address 14806 NE 6 AVE N MIAMI, FL 33161		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 510560000	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENENDEZ, LOURDES 2458 W 85 STREET HIALEAH, FL 33016			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:  DATE: 8/25/06					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	☐ Delete				
NAME	D MENENDEZ, LOURDES				
STREET ADDRESS	14806 NE 6 AVE				
CITY- ST- ZIP	N MIAMI, FL 33161				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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:  DATE: 8/25/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					