

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133064

FILED
Apr 05, 2006
Secretary of State

Entity Name: ANTILLIES MORTGAGE, INC.

Current Principal Place of Business:

201 N. KROME AVE, SUITE 2G
HOMESTEAD, FL 33030

New Principal Place of Business:

1964 SE 11TH
HOMESTEAD, FL 33035

Current Mailing Address:

201 N. KROME AVE, SUITE 2G
HOMESTEAD, FL 33030

New Mailing Address:

1964 SE 11TH
HOMESTEAD, FL 33035

FEI Number: 20-3560718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, JUAN N
201 N. KROME AVE, SUITE 2G
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

HERNANDEZ, JUAN N
1964 SE 11TH
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: _____

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ, JUAN N
Address: 1964 SW 11 ST.
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: HERNANDEZ, NIDIA C
Address: 1964 SE 11 ST.
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: HERNANDEZ-COLL, ROSALIE
Address: 1520 SE 22 LN.
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERNANDEZ, JUAN N
Address: 1964 SE 11ST
City-St-Zip: HOMESTEAD, FL 33035

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUAN N HERNANDEZ

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date