

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153666

FILED  
May 01, 2006  
Secretary of State

Entity Name: WESTON HOME MORTGAGE, CORP.

## Current Principal Place of Business:

1725 MAIN STREET  
SUITE 217  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

1725 MAIN STREET  
SUITE 217  
WESTON, FL 33326

## New Mailing Address:

FEI Number: 20-3811512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.  
16300 NE 19 AVENUE  
SUITE C  
NORTH MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 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: FERNANDO SILVA

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PRADO, PATRICIA  
Address: 1725 MAIN STREET SUITE 217  
City-St-Zip: WESTON, FL 33326

Title: VPD ( ) Delete  
Name: PRADO, CESAR D  
Address: 1725 MAIN STREET SUITE 217  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PATRICIA PRADO

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date