

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90014 039 ***150.00

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1. Entity Name
ABC MORTGAGE BROKER SCHOOL CORP.



Principal Place of Business
3900 NW 79 AVE SUITE 328
MIAMI, FL 33166

Mailing Address
3900 NW 79 AVE SUITE 328
MIAMI, FL 33166

40031500



2. Principal Place of Business - No P.O. Box #
3900 NW 79 Ave

3. Mailing Address
3900 NW 79 Ave

Suite, Apt. #, etc.
810

Suite, Apt. #, etc.
810

01082007 Chg-P CR2E034 (12/06)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
204269941

Applied For
Not Applicable

Zip - 33166 Country DADA

Zip - 33166 Country DADA

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

6. Name and Address of Current Registered Agent

VARONA, RAFAEL
2370 NE 135 ST APT 303
NORTH MIAMI, FL 33181

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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/07
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 D ☒ Delete
NAME VARONA, RAFAEL
STREET ADDRESS 3900 NW 79 AVE SUITE 328
CITY-ST-ZIP MIAMI, FL 33166

TITLE D ☒ Delete
NAME VARONA, NELSON
STREET ADDRESS 3900 NW 79 AVE SUITE 328
CITY-ST-ZIP MIAMI, FL 33166

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

TITLE D ☒ Change ☐ Addition
NAME VARONA, RAFAEL
STREET ADDRESS 3900 NW 79 AVE SUITE 810
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ 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

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/07 - 305-468-1725
Date Daytime Phone #