

DOCUMENT # P06000043690					
1. Entity Name AMERICA MORTGAGE LENDING INC		Principal Place of Business 2600 S OCEAN DRIVE # S109 HOLLYWOOD, FL 33019			
Mailing Address 2600 S OCEAN DRIVE # S109 HOLLYWOOD, FL 33019		2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> MACHARE, LUIS F 2600 S OCEAN DRIVE #S109 HOLLYWOOD, FL 33019 </td> <td style="width: 20%; padding: 5px;"> Name Street Address City </td> </tr> </table>		MACHARE, LUIS F 2600 S OCEAN DRIVE #S109 HOLLYWOOD, FL 33019	Name Street Address City
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5. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5 Ad			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACHARE, LUIS F 2600 S OCEAN DRIVE # S109 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					