2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 30, 2007 8:00 am Secretary of State

5/2,

DOCUMENT # P06000043690 1. Entity Name AMERICA MORTGAGE LENDING INC						05-02-2007 90097 010 ***150.00				
Principal Place of Business Mailing Address 2600 S OCEAN DRIVE 2600 S OCEAN DRIVE # \$109 # \$109 HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019						T THE REPORT OF THE PERSON OF		ná sámi síará inf	ı İng ağlı da	7 76 1 D 1 88 1
Principal Place of Business' - No P.O. 80x # 3. Mailing Address					•					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03312007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Numb	-4573	571		plied For t Applicable
Zip		Country	Zip	Count	ry		o of Status Desired	\$	8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MACHARE, LUIS F 2600-S OCEAN.DRIVE #S109 HOLLYWOOD, FL 33019					Street Address (P.O. Boy Number is Not Acceptable)					
HOLLYWOOD, PL 33019					City	_		FL	Zip Code) ·
8. The above	named entit	y submits this statement	d office or regista	red agent, or be	oth, in the State of F		l miliar with,	and accept		
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and life II applicable. (NOTE: Registered Agent alignature required when rematating) DATE										
FILE NOWILI FEE IS \$150.00 After May 1; 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10. ,	- OFFICERS AN		ADDITIONS	/CHANGES TO OF						
TITLE	P MACHAR	E, LUIS F	Delate	TITLE		•		(Change	Addition
STREET ADORESS CITY-ST-ZIP										
TITLE			Oelete	NTLE		· · · · ·			Change	Addition
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CITY-ST-ZIP					SI-ZP					
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TITLE			☐ Delate	TITLE			···		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		\wedge			ET ADORESS -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 cath; that I am an officer or director of the corporation or the receiver or truthee empowered to execute this report is 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:			٠.	<u> </u>			Dete		tine Phone #	