

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058657

FILED
Feb 05, 2007
Secretary of State

Entity Name: TRANSFLORIDA PROPERTIES & MORTGAGE CORP.

Current Principal Place of Business:

12289 PEMBROKE ROAD
SUITE 122
MIRAMAR, FL 33025 BR

New Principal Place of Business:

9400 SW 18TH STREET
MIRAMAR, FL 33025 BR

Current Mailing Address:

9400 SW 18TH STREET
MIRAMAR, FL 33025 BR

New Mailing Address:

FEI Number: 65-1275994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JOCELYNE
9400 SW 18TH STREET
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUGUSTE, JOCELYNE
Address: 9400 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33025 US

Title: VP () Delete
Name: LOUIS, KELLY
Address: 9400 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33025 US

Title: T () Delete
Name: LOUIS, DANIEL
Address: 9400 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33025 US

Title: S () Delete
Name: LOUIS, MATHIEU JR
Address: 9400 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, JOCELYNE
Address: 9400 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33025 US

Title: VP (X) Change () Addition
Name: JOHNSON, JOCELYNE
Address: 9400 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33025 US

Title: T (X) Change () Addition
Name: JOHNSON, JOCELYNE
Address: 9400 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33025 US

Title: S (X) Change () Addition
Name: JOHNSON, JOCELYNE
Address: 9400 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33025 US

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: JOCELYNE JOHNSON

P

02/05/2007

Electronic Signature of Signing Officer or Director

_____ Date