

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062050

FILED
Mar 22, 2007
Secretary of State

Entity Name: D.G.M MORTGAGE FINANCE INC.

Current Principal Place of Business:

8353 SW 124 STREET
104
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

8353 SW 124 STREET
104
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 20-4816400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARREIRO, ELIZABETH
8353 SW 124 STREET
104
MIAMI, FL 33156 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: BARREIRO, ELIZABETH
Address: 8353 SW 124 STREET #104
City-St-Zip: MIAMI, FL 33156 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PUPO, WILFREDO
Address: 8720 SW 124 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: P () Change (X) Addition
Name: BARREIRO, ELIZABETH
Address: 8720 SW 124 STREET
City-St-Zip: MIAMI, FL 33176 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: ELIZABETH BARREIRO

P

03/22/2007

Electronic Signature of Signing Officer or Director

_____ Date