2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000135590

1. Entity Name
A-PLUS MORTGAGE AND FINANCE INC.

Principal Place of Business	Mailing Address
5556 WILLOW BEND TRAIL KISSIMMEE, FL 34758	5556 WILLOW BEND TRAIL KISSIMMEE, FL 34758

DO NOT WRITE IN THIS SPACE

01282008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-5340988	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

RAFAEL, MARTE
5556 WILLOW BEND TRAIL
KISSIMMEE, FL 34758

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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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   1/30/08   DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000372074
04/10/08--30033-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTE, RAFAEL
STREET ADDRESS	5556 WILLOW BEND TRAIL
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	VP
NAME	MARTE, ELIZABETH
STREET ADDRESS	5556 WILLOW BEND TRAIL
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	ST
NAME	SALDIVIAS, DANIEL
STREET ADDRESS	5556 WILLOW BEND TRAIL
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #