

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90224 029 \*\*\*150.00

DOCUMENT # P06000145633

1. Entity Name

SPEEDY MORTGAGE BROKERAGE, INC.



Principal Place of Business

2300 PALM BEACH LAKES BLVD.  
SUITE 306  
WEST PALM BEACH, FL 33409

Mailing Address

2300 PALM BEACH LAKES BLVD.  
SUITE 306  
WEST PALM BEACH, FL 33409

2. Principal Place of Business - No P.O. Box #

2300 Palm Beach Lakes Blvd

3. Mailing Address

2300 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

Suite 306

Suite, Apt. #, etc.

Suite 306

City & State

West Palm Beach

City & State

West Palm Beach

04232007

Chg-P

CR2E034 (12/06)

4. FEI Number

205913748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICE OF SIAM JOSEPH, PA  
2090 PALM BEACH BLVD.  
SUITE 202  
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FRANCOIS, JEAN ☐ Delete  
STREET ADDRESS 5211 WHITE OLANDER  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE T  
NAME FRANCOIS, JEAN ☐ Delete  
STREET ADDRESS 5211 WHITE OLANDER  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE SECY  
NAME FRANCOIS, JEAN ☐ Delete  
STREET ADDRESS 5211 WHITE OLANDER  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/07