

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156581

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: 1ST CHOICE MORTGAGE LOANS, CORP

## Current Principal Place of Business:

10266 NW 46TH ST.  
SUNRISE, FL 33351

## New Principal Place of Business:

1801 N PINE ISLAND ROAD  
SUITE 210  
PLANTATION, FL 33322

## Current Mailing Address:

10266 NW 46TH ST.  
SUNRISE, FL 33351

## New Mailing Address:

12717 W SUNRISE BLVD  
SUITE 161  
SUNRISE, FL 33323

FEI Number: 20-8103006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOOM, VIKTORIA  
10266 NW 46 STREET  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

BLOOM, VIKTORIA  
1801 N PINE ISLAND ROAD  
SUITE 210  
PLANTATION, FL 33322 US

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: VIKTORIA BLOOM

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: BLOOM, VIKTORIA  
Address: 10266 NW 46 STREET  
City-St-Zip: SUNRISE, FL 33351

Title: ST ( ) Delete  
Name: BLOOM, VIKTORIA  
Address: 10266 NW 46 STREET  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BLOOM, VIKTORIA  
Address: 1801 N PINE ISLAND ROAD SUITE 210  
City-St-Zip: PLANTATION, FL 33322

Title: ST (X) Change ( ) Addition  
Name: BLOOM, VIKTORIA  
Address: 1801 N PINE ISLAND ROAD SUITE 210  
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify 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: VIKTORIA BLOOM

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date