

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90040 039 ***150.00

DOCUMENT # P07000002095

1. Entity Name
FLORIDA STATE MORTGAGE LOANS, INC.



Principal Place of Business
**7153 PEMBROKE ROAD
PEMBROKE PINES, FL 33023**

Mailing Address
**7162 PEMBROKE ROAD
MIRAMAR, FL 33023**

40045814



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

70-8168674

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ORTIZ, ALVARO E
2420 ARCADIA DRIVE
MIRAMAR, FL 33023**

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 resigning)

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ORTIZ, ALVARO E**
STREET ADDRESS **2420 ARCADIA DRIVE**
CITY - ST - ZIP **MIRAMAR, FL 33023**

TITLE **V** ☐ Delete
NAME **TORRES, WALTER N**
STREET ADDRESS **2420 ARCADIA DRIVE**
CITY - ST - ZIP **MIRAMAR, FL 33023**

TITLE **T** ☐ Delete
NAME **ORTIZ, ROSARIO**
STREET ADDRESS **2320 ACAPULCO DRIVE**
CITY - ST - ZIP **MIRAMAR, FL 33023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

02/07/2008