2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P07000110570

Entity Name: FLORIDA LOSS MITIGATION SERVICES, INC.

Current Principal Place of Business:

9837 WEST OKEECHOBEE ROAD
805
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

9837 WEST OKEECHOBEE ROAD
805
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, ALBA
9837 WEST OKEECHOBEE ROAD
805
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

ANGEL-SUAREZ, ISABEL
9837 WEST OKEECHOBEE ROAD
805
HIALEAH GARDENS, FL 33016 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: ISABEL ANGEL SUAREZ 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete
Name: ANGEL-SUAREZ, ISABEL
Address: 9837 WEST OKEECHOBEE ROAD # 805
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: ANGEL-SUAREZ, ISABEL
Address: 9837 WEST OKEECHOBEE ROAD # 805
City-St-Zip: HIALEAH GARDENS, FL 33016

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: ISABEL ANGEL SUAREZ PST 04/30/2008
Electronic Signature of Signing Officer or Director Date