

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004317

FILED
May 01, 2009
Secretary of State

Entity Name: JAZMIN TAX & MORTGAGE, CORP.

Current Principal Place of Business:

4699 N STATE RD 7
SUITE F
TAMARAC, FL 33319

New Principal Place of Business:

4328 NW 55TH STREET
FT LAUDERDALE, FL 33319

Current Mailing Address:

4699 N STATE RD 7
SUITE F
TAMARAC, FL 33319

New Mailing Address:

P.O. BOX 667871
POMPAÑO BEACH, FL 33066

FEI Number: 20-0784410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARDENAS, IRMA J
4699 N STATE RD 7
SUITE F
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

CARDENAS, IRMA J
4328 NW 55TH STREET
FT LAUDERDALE, FL 33319 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: IRMA JAZMIN CARDENAS

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARDENAS, IRMA J
Address: 4699 N STATE RD 7
City-St-Zip: SUITE F, FL 33319

Title: VP () Delete
Name: CARDENAS, IRMA J
Address: 4699 N STATE RD 7, SUITE F
City-St-Zip: TAMARAC, FL 33319

Title: MGR () Delete
Name: CARDENAS, IRMA J
Address: 4699 N STATE RD 7, SUITE F
City-St-Zip: TAMARAC, FL 33319

Title: SECR (X) Delete
Name: OTANO, DANIEL
Address: 6622 SW 18TH CT
City-St-Zip: N LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARDENAS, IRMA J
Address: 4328 NW 55TH STREET
City-St-Zip: FT LAUDERDALE, FL 33319

Title: VP (X) Change () Addition
Name: CARDENAS, IRMA J
Address: 4328 NW 55TH STREET
City-St-Zip: FT LAUDERDALE, FL 33319

Title: MGR (X) Change () Addition
Name: CARDENAS, IRMA J
Address: 4328 NW 55TH STREET
City-St-Zip: FT LAUDERDALE, FL 33319

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: IRMA JAZMIN CARDENAS

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date