

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000054771

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** COMPREHENSIVE LOAN AUDITING INC.

**Current Principal Place of Business:**

9765 SW 15 STREET  
MIAMI, FL 33174 US

**New Principal Place of Business:**

2665 S. BAYSHORE DR. #605  
MIAMI, FL 33133 US

**Current Mailing Address:**

9765 SW 15 STREET  
MIAMI, FL 33174 US

**New Mailing Address:**

2665 S. BAYSHORE DR. #605  
MIAMI, FL 33133 US

**FEI Number:** 27-0432077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVISON, SABINA L  
3650 JUSTISON ROAD  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

LEVISON, SABINA L  
2665 S. BAYSHORE DR. #605  
MIAMI, FL 33133 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: SABINA LEVISON

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEVISON, SABINA L  
Address: 3650 JUSTISON ROAD  
City-St-Zip: MIAMI, FL 33133 US

Title: VP  
Name: VILLARREAL, CARLOS E  
Address: 9765 SW 15 STREET  
City-St-Zip: MIAMI, FL 33174 US

I hereby 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 all other like empowered.

SIGNATURE: SABINA LEVISON

OWNE

04/20/2011

Electronic Signature of Signing Officer or Director

Date