


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90154 035 \*\*\*150.00

<b>DOCUMENT # P92000011371</b> 1. Entity Name GREAT MORTGAGE & INVESTMENTS, INC.					
Principal Place of Business 715 SE 1ST AVE. HALLANDALE, FL 33009				Mailing Address 715 SE 1ST AVE. HALLANDALE, FL 33009	
2. Principal Place of Business 1744 NE Miami Gardens Dr.				3. Mailing Address 1744 NE Miami Gardens Dr.	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State N Miami Beach, FL				City & State N. Miami Beach, FL	
Zip 33179				Zip 33179	
Country USA				Country USA	
4. FEI Number 65-0378235				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BERGER, ANITA 715 SE 1ST AVE HALLANDALE, FL 33009				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 1744 NE Miami Gardens Drive City N. Miami Beach, FL Zip Code 33179	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERGER, ANITA 21205 YACHT CLUB DR APT 2704 N. MIAMI BEACH, FL 33180		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X <i>Anita Berger</i> <i>3/7/05</i> <i>305-940-1135</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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