2005 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name FFS MORTGAGE CORP.

Jan 10, 2 Secre

Principal Place of Business

Mailing Address

6187 NW 167 STREET SUITE H-23 MIAMI, FL 33015 US 6187 NW 167 STREET

SUITE H-23 MIAMI LAKES, FL 33015 US



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4. FEI Number			Applied For	
65-0579	785		Not Applicable	

			5. Certificate	of Status Desired	0.15 B W 7 2 2				
	6. Name and Address of Current Regist	tered Agent							
H-23 MIAMI, FL	33015.		DO NOT WRITE IN THIS SPACE						
	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 i	f applicable. (NOTE. Registered	Agent signature required when reinstating)	ont signature recivited when reinstating) DATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 	\$5.00 Ó¿šÞ» B 44 4 ± Ú».						
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	PD TOLEDO, DANIEL F 6187 NW 167 STREET SUITE H-23 MIAMI, FL 33015 ST TOLEDO, DANIEL F JR. 6187 NW 167 STREET SUITE H-23 MIAMI, FL 33015			Undara: 7679 01/11/ 05- 60011	2 -907 150.00				
NAME SIREET ADDRESS CITY-ST-ZIP			DO	NOT WRIT	E				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE	F: • /				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with this f	illian dags pot qualify for the ave	motion stated in Section 119.07/2	10 Florida Statutes I further ca	chify that the information				
12. I hereby	certify that the information supplied with this f	iting does not quality for the exe and accurate and that my sions	imption stated in Section 119,07(3) ture shall have the same legal effe)(i), Fiorida Statutes. I further ce ect as if made under oath, that I	am an officer or director				

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #