


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90280 005 ***150.00

DOCUMENT # P95000051448 1. Entity Name FIRST FINANCIAL HOME LOAN, INC.					
Principal Place of Business 1041 IVES DAIRY ROAD SUITE 137 MIAMI, FL 33179			Mailing Address 1041 IVES DAIRY ROAD SUITE 137 MIAMI, FL 33179		
2. Principal Place of Business 1705 E. HALLANDALE BEACH BLVD.		3. Mailing Address 1705 E. HALLANDALE BEACH BLVD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HALLANDALE, FL		City & State HALLANDALE, FL		4. FEI Number 65-0603259	
Zip 33009		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMUELS, STEVEN 1041 IVES DAIRY RD #137 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name SAMUELS, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1705 E. HALLANDALE BEACH BLVD. City HALLANDALE FL Zip Code 33009			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAMUELS, STEVEN 1041 IVES DAIRY RD, #137 MIAMI, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAMUELS, STEVEN 1705 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	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 and another like empowered.					
SIGNATURE: _____ 3/25/05 954-272-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					