2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062270

Entity Name: FIRENZE TRUST MORTGAGE CORPORATION

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
100-A WESTWARD DRIVE MIAMI SPRINGS, FL 33166		US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	STWARD DRIVE RINGS, FL 33166	US			
FEI Number:	65-0601667 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SAAVEDRA, ALDO L 100 WESTWARD DRIVE MIAMI SPRINGS, FL 33166 US			SAAVEDRA, ALDO 100 WESTWARD DRIV MIAMI SPRINGS, FL 33		
	named entity sub of Florida.	mits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ALDO SAAVEDRA				02/02/2005	
	Electronic 8	Signature of Registered Ag	ent	Date	
Election Can	npaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Del SAAVEDRA, ALDO 100 WESTWARD D MIAMI SPRINGS, F	PRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DST () Del SAAVEDRA, ELSA 100 WESTWARD D MIAMI SPRINGS, F	L PRIVE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () Del WOLFF, ROBERTO 2555 COLLINS AVE MIAMI BEACH, FL) E., #2408	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D () Del WOLFF. ELIANA R	ete	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: ROBERTO WOLFF DVP 02/02/2005

2555 COLLINS RD #2408

MIAMI BEACH, FL 33140

Address:

City-St-Zip: