


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90038 039 ***158.75

DOCUMENT # P97000001835		
1. Entity Name HOME MORTGAGE FUNDING CORPORATION		

Principal Place of Business 8900 S.W. 117TH AVE B-104 MIAMI, FL 33186 US	Mailing Address 8900 S.W. 117TH AVE B-104 MIAMI, FL 33186 US
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60007686



2. Principal Place of Business 7374 SW 93 Ave	3. Mailing Address 7374 SW 93 Ave
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201
City & State Miami, FL	City & State Miami, FL
Zip 33173	Country USA

01112006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0716106	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALMEIDA, RODNEY 8900 S.W. 117TH AVE SUITE B-104 MIAMI, FL 33186	7. Name and Address of New Registered Agent Name Rodney Almeida Street Address (P.O. Box Number is Not Acceptable) 7374 SW 93 Ave #201 City Miami FL Zip Code 33173
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALMEIDA, RODNEY 8900 S.W. 117TH AVE STE B-104 MIAMI, FL 33186 <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
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/06 (305) 5916-0060