

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90002 011 ***150.00

DOCUMENT # P97000021450

1. Entity Name
LATIN MORTGAGE FINANCE CORPORATION



Principal Place of Business
**9010 SOUTHWEST 137 AVENUE, SUITE 112
MIAMI, FL 33186**

Mailing Address
**9010 SOUTHWEST 137 AVENUE, SUITE 112
MIAMI, FL 33186**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08092004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0733236

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANCIANO, HECTOR
9010 SW 137TH AVE. #112
MAIMI, FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

5600 SW 135 Ave.

Suite 207

City **Miami**

FL

Zip Code
33183

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 if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CANCIANO, HECTOR
9010 SOUTHWEST 137 AVENUE, SUITE 112
MIAMI, FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CANCIANO HECTOR
5600 SW 135 Ave, Suite 207
Miami, FL., 33183** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54072340



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 9, 2004

LATIN MORTGAGE FINANCE CORPORATION
5600 S.W. 135TH AVE.
SUITE 207
MIAMI, FL 33183

SUBJECT: LATIN MORTGAGE FINANCE CORPORATION
Ref. Number: P97000021450

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 304A00049313