

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081709

FILED
Feb 16, 2005
Secretary of State

Entity Name: COMMUNITY FINANCE CORPORATION

Current Principal Place of Business:

12955 BISCAYNE BLVD
210
NORTH MIAMI, FL 33181

New Principal Place of Business:

12955 BISCAYNE BLVD
306
NORTH MIAMI, FL 33181

Current Mailing Address:

12955 BISCAYNE BLVD
210
NORTH MIAMI, FL 33181

New Mailing Address:

12955 BISCAYNE BLVD
306
NORTH MIAMI, FL 33181

FEI Number: 65-0783008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SSOUTHWEST 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALVO, NICOLETA F
Address: 2640 N.E. 135 STREET, # 120
City-St-Zip: NORTH MIAMI, FL 33181

Title: VSTD () Delete
Name: CALVO, LUIS
Address: 2640 N.E. 135 STREET, #120
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CALVO, NICOLETA F
Address: 5017 S.W. 139 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: VSTD (X) Change () Addition
Name: CALVO, LUIS M
Address: 5017 S.W. 139 TERRACE
City-St-Zip: MIRAMAR, FL 33027

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.

SIGNATURE: LUIS M. CALVO

VSTD

02/16/2005

Electronic Signature of Signing Officer or Director

Date