2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000081709

1. Entity Name
COMMUNITY FINANCE CORPORATION

FILED
07 SEP 19 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
643 ~~629~~ HIGHWAY US 27 MOORE HAVEN, FL 33471	643 ~~629~~ HIGHWAY US 27 PO BOX 1652 MOORE HAVEN, FL 33471

06252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
643 Highway US 27	
Suite, Apt. #, etc.: PO Box 1652	Suite, Apt. #, etc.
City & State: Moore Haven, Fl.	City & State
Zip: 33471 Country: Glade	Zip / Country

4. FEI Number: 65-0783008 ☐ Applied For ☐ Not Applicable

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
SPIEGEL & UTRERA, P.A. 1840 SSOUTHWEST 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 pr[illegible] and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VSTD CALVO, LUIS M 5017 S.W. 139 TERRACE MIRAMAR, FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Vice-President~~ Julio Grant 5017 SW 139 Terrace Miramar, Fl 33027 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O CANDIA, MIRTA ~~16517 NW 7TH ST~~ 5017 SW 139 TER ~~PEMBROKE PINES, FL 33028~~ Miramar Fl 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800109880488 09/25/07--01017--028 **61.25 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Nicoleta Calvo 5017 SW 139 Terrace Miramar, Fl 33027 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$19/40	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 9/11/07 (305) 343-8781 Cell
SIGNATURE OF OFFICER OR DIRECTOR Date (305) 948-9555 Daytime Phone # 07 08