

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90046 026 ***150.00

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04052005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0825764 Applied For Not Applicable

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

DOCUMENT # P98000031452
1. Entity Name
DENISON MORTGAGE COMPANY



Principal Place of Business
5035 PALM AVE
HIALEAH, FL 33012

Mailing Address
215 W. 56TH ST.
HIALEAH, FL 33012

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5035 Palm Ave
Suite, Apt. #, etc.

City & State
Hialeah FL

Zip
33012

Country
USA

6. Name and Address of Current Registered Agent
REYES, MARIBEL
215 W. 56TH ST.
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name
Maribel Reyes
Street Address (P.O. Box Number is Not Acceptable)
5035 Palm Ave
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: DATE: 4/5/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	VPSD REYES, MARIBEL 215 W. 56TH ST. HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Reyes, Maribel 6080 W 6 Ave Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REYES, RAMON 215 W 56TH ST. HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Reyes, Ramon 6080 W 6 Ave Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without being empowered.

SIGNATURE: DATE: 4/5/05 (305) 822-3086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR