## 2008 FOR PROFIT CORPORATION ANNUAL RÉPORT

## **DOCUMENT # P98000106956**

1. Entity Name

NATIONS BEST MORTGAGE, INC.



**FILED** Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3518 NORTHWEST 36TH STREET MIAMI, FL 33142

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DO NOT WRITE IN THIS SPACE

02112008 CR2E034 (11/05) No Chg-P Applied For 4. FEI Number Not Applicable 65-0883521 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARPIO, IDANIA 3518 NORTHWEST 36TH STREET MIAMI, FL 33142

## IN THIS SPACE

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	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
FiL	Signature. typed or printed name of registered agent and little of E NOWIII. FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	DATE	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD CARPIO, IDANIA 3518 NORTHWEST 36TH STREET MIAMI, FL 33142	TORS			U00000827463 02/21/08-80092-007 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS						

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.

CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP

BESIDENT