

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72809

FILED
Apr 29, 2009
Secretary of State

Entity Name: COUNTY TRUST MORTGAGE BANKERS CORP.

Current Principal Place of Business:

10150 SW 124TH AVE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

PO BOX 836200
MIAMI, FL 33283

New Mailing Address:

FEI Number: 65-0276605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOMAT, HECTOR
10150 SW 124TH AVE
MIAMI, FL 33186 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: CHOMAT, HECTOR
Address: 10150 SW 124TH AVE
City-St-Zip: MIAMI, FL 33186

Title: DV () Delete
Name: CHOMAT, ELSA M
Address: 10150 SW 124TH AVE
City-St-Zip: MIAMI, FL 33186

Title: V (X) Delete
Name: POWELL, CHERYL
Address: 10150 SW 124TH AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HECTOR CHOMAT

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date