


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # V37959	
1. Entity Name GREAT CAPITAL MORTGAGE CORPORATION	

Principal Place of Business 8500 SW 8 ST 258-260 MIAMI, FL 33144	Mailing Address 8500 SW 8 ST 258-260 MIAMI, FL 33144
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0334722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARIA E.
1502 SW 141 AVE.
MIAMI, FL 33184**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PT	NAME RODRIGUEZ, MARIA E.
STREET ADDRESS 1502 SW 141ST AVENUE	
CITY-ST-ZIP MIAMI, FL 33184	
TITLE V	NAME RODRIGUEZ, JUAN P.
STREET ADDRESS 900 NW 39TH COURT	
CITY-ST-ZIP MIAMI, FL 33126	
TITLE V	NAME MARTINEZ, NIURKA
STREET ADDRESS 1850 SW 122 AVE	
CITY-ST-ZIP MIAMI, FL 33175	
TITLE V	NAME RODRIGUEZ, ORLANDO
STREET ADDRESS 1502 SW 141ST AVE	
CITY-ST-ZIP MIAMI, FL 33184	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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01/12/06-80044-018 150.00

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: Maria E. Rodriguez 1/10/06 (305) 269-3140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #