

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52451

FILED
Jan 19, 2008
Secretary of State

Entity Name: MIZRAHI FAMILY MORTGAGE CORPORATION

Current Principal Place of Business:

1005 9 ST
1ST FLOOR
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1611 ELDONLAS COURT
STONE MOUNTAIN, GA 30087 US

New Mailing Address:

FEI Number: 65-0424092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMIR, ODDER (MIZRAHI S D
406 N. W. 11 ST.
HOMESTEAD, FL 33030 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: D () Delete
Name: ZAMIR, ODDER (MIZRAHI S DIRECTO
Address: 1611 ELDONLAS COURT
City-St-Zip: STONE MOUNTAIN, GA 30087 US

Title: D () Delete
Name: HAGIT, ADIV(MIZRAHI) N D
Address: SHEINKEEN ST.
City-St-Zip: TEL AVIV, IS N/A IS

Title: D () Delete
Name: SHABAT, RIVKA (MIZRAHI N D
Address: MEM GIMAC
City-St-Zip: JERUSALEM, IS N/A IS

Title: D () Delete
Name: ZAMIR, ZOHAR N D
Address: 1611 ELDONLAS CT
City-St-Zip: STONE MOUNTAIN, GA USA 30

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:

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: ODDER ZAMIR

_____ Electronic Signature of Signing Officer or Director

PRS

01/19/2008

_____ Date