

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52451

FILED  
Jan 07, 2011  
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 NW 11 ST  
HOMESTAED, 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ZAMIR, ODDER (MIZRAHI S DIRECTO  
Address: 1611 ELDONLAS COURT  
City-St-Zip: STONE MOUNTAIN, GA 30087 US

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

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

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

Title: D  
Name: ZAMIR SHERMAN, DONNA DIRECTO  
Address: 1611 ELDONLAS CT  
City-St-Zip: STONE MOUNTAIN, GA 30087 GW

I hereby 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 all other like empowered.

SIGNATURE: ODDER ZAMIR MIZRAHI

DIRE

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date