

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000024950

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: ALL FLORIDA MORTGAGE LOANS, INC

**Current Principal Place of Business:**

822 N E 125 STREET  
SUITE 107  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

580 N W 126 STREET  
NORTH MIAMI, FL 33168

**New Mailing Address:**

FEI Number: 04-3835454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCARDANT, MODIRA  
580 NW 126 STREET  
NORTH MIAMI, FL, FL 33168 US 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: P ( ) Delete  
Name: ESCARMANT, MODIRA  
Address: 580 N W 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33168 US

Title: S ( ) Delete  
Name: ESCARMANT, RUTH  
Address: 580 N W 126 STREET  
City-St-Zip: NORTH MIAMI, FL 33168 US

Title: V ( ) Delete  
Name: DORAL, YVORY  
Address: 580 NW 126 STREET  
City-St-Zip: NORTH MIAMI, FL 33168 US

Title: TR ( ) Delete  
Name: ESCARMANT, MARGARET  
Address: 580 N W 126 STREET  
City-St-Zip: NORTH MIAMI, FL 33168 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: ESCARMANT, RUTH  
Address: 580 N W 126 STREET  
City-St-Zip: NORTH MIAMI, FL 33168 US

Title: TR (X) Change ( ) Addition  
Name: ESCARMANT, ISAAC  
Address: 580 NW 126 STREET  
City-St-Zip: NORTH MIAMI, FL 33168 US

Title: S (X) Change ( ) Addition  
Name: ESCARMANT, MODIRA  
Address: 580 N W 126 STREET  
City-St-Zip: NORTH MIAMI, FL 33168 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MODIRA ESCARMAMT

PRES

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date