

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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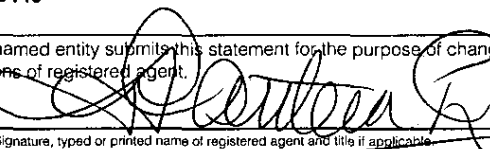
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # 651597</b>			
1. Entity Name <b>MORTGAGE GROUP OF AMERICA, INC.</b>			
Principal Place of Business <b>2300 CORAL WAY SUITE 200 MIAMI FL 33145-3511 US</b>		Mailing Address <b>2300 CORAL WAY SUITE 200 MIAMI FL 33145-3511 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  <b>AMADA CANTERA LOPEZ, President</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME <b>PSD GAVCOVICH, ABRAM</b>	<input type="checkbox"/> Delete	TITLE / NAME <b>100015870201 04/15/03--01002--012 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5220 LA CORCE DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		CITY-ST-ZIP	
TITLE / NAME <b>VTD GAVCOVICH, MARTA</b>	<input type="checkbox"/> Delete	TITLE / NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5220 LA CORGE DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		CITY-ST-ZIP	
TITLE / NAME	<input type="checkbox"/> Delete	TITLE / NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE / NAME	<input type="checkbox"/> Delete	TITLE / NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 power like empowered.

SIGNATURE:  **SIGNATURE REQUIRED (Pres)**  DATE: **March 20/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)