

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90265 021 \*\*\*150.00

**DOCUMENT # P03000108334**

1. Entity Name  
**TRANSAMERICAN MORTGAGE INC**



Principal Place of Business      Mailing Address  
**159 S POMPANO PKWY**      **159 S POMPANO PKWY**  
**POMPANO BEACH, FL 33069**      **POMPANO BEACH, FL 33069**

**20041030**

2. Principal Place of Business      3. Mailing Address  
**1120 S FEDERAL HWY**      **1120 S FEDERAL HWY**  
 Suite, Apt., #, etc.      Suite, Apt., #, etc.  
**SUITE b**      **SUITE b**  
 City & State      City & State  
**FORT LAUDERDALE**      **FORT**  
 Zip      Country      Zip      Country  
**33316**      **BROWARD**      **33316**      **BROWARD**



04192005 Chg-P CR2E034 (10/03)

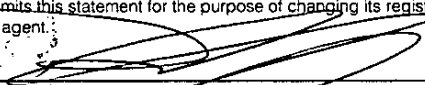
6. Name and Address of Current Registered Agent  
**LATIN NETWORK CONSULTANTS INC**  
**1820 N CORPORATE LAKES BLVD**  
**UNIT 104**  
**WESTON, FL 33326**

4. FEI Number      Applied For  
**20-0274642**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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:       DATE: **04-18-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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                      | V <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLBERG, MARK</b>                        | NAME  |   |
| STREET ADDRESS             | <b>159 S POMPANO PKWY</b>                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>POMPANO BEACH, FL 33069</b>               | CITY-ST-ZIP   |   |
| TITLE                      | P <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RODRIGO OJEDA</b>                         | NAME  |   |
| STREET ADDRESS             | <b>4252 NW 66 DR</b>                         | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>COCONUT CREEK, FL, 33073</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| 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)(f), 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:       DATE: **04-18-05**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR