

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 09, 2009  
Secretary of State**

DOCUMENT# P05000052512

Entity Name: MKN COMMERCIAL MORTGAGE, INC.

**Current Principal Place of Business:**

1699 E. OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

1699 E. OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334

**New Mailing Address:**

FEI Number: 01-0833380      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NDOJA, KOLEC  
1699 E. OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334 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: PRES ( ) Delete  
Name: NDOJA, KOLEC N  
Address: 361 SE 5 AVENUE  
City-St-Zip: POMPANO BCH, FL 33060

Title: MGR (X) Delete  
Name: NDOJA, MARGERITA  
Address: 1699 E. OAKLAND PARK BLVD  
City-St-Zip: OAKLAND PARK, FL 33334

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

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: KOLEC NDOJA

PRES

09/09/2009

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

\_\_\_\_\_ Date