


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000039220**


1. Entity Name  
**UNITED AMERICAN MORTGAGE CORPORATION**



Principal Place of Business      Mailing Address

**9425 SUNSET DRIVE**      **9425 SUNSET DRIVE**  
**SUITE 124**      **SUITE 124**  
**MIAMI, FL 33173**      **MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**



05152007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0756892</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OLIVA, OTTO**  
**9425 SUNSET DRIVE**  
**SUITE 124**  
**MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVA, OTTO 9425 SUNSET DRIVE, SUITE 124 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZANO, ANTHONY 9425 SUNSET DRIVE, SUITE 124 MIAMI, FL 33173
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05/30/07-80062-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**       **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

5/15/07      (301) 270-3347      Date      Daytime Phone #