

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039220

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: UNITED AMERICAN MORTGAGE CORPORATION

## Current Principal Place of Business:

9425 SUNSET DRIVE  
SUITE 124  
MIAMI, FL 33173

## New Principal Place of Business:

5835 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126

## Current Mailing Address:

9425 SUNSET DRIVE  
SUITE 124  
MIAMI, FL 33173

## New Mailing Address:

5835 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126

FEI Number: 65-0756892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

OLIVA, OTTO  
5835 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126 US

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:

02/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OLIVA, OTTO  
Address: 9425 SUNSET DRIVE, SUITE 124  
City-St-Zip: MIAMI, FL 33173

Title: D (X) Delete  
Name: LOZANO, ANTHONY  
Address: 9425 SUNSET DRIVE, SUITE 124  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OLIVA, OTTO  
Address: 5835 BLUE LAGOON DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33126

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: OTTO OLIVA

P

02/22/2008

Electronic Signature of Signing Officer or Director

Date