## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 08:00 AN Secretary of State

1. Entity Nam	MENT # P9500001932 ENTAL MORTGAGE GROUP C			Secretary of Sta			
Principal Plac	e of Business A	failing Address	<del></del>				
2665 S. BAY SUITE 1002 MIAMI, FL 3	:	2665 S. BAYSHORE DRIVE SUITE 1002 MIAMI, FL 33133					
				04272005	No Chg-P	CR2E03	4 (10/03)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 65-057			Applied f
	AND		troping of them is a final area	5. Certificate	of Status Desired		8.75 Additional ee Required
	6. Name and Address of Current Regi-	stered Agent	·				
WEISER, WARREN P 2665 S. BAYSHORE DRIVE SUITE 1002 MIAMI, FL 33133			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or regist	ered agent, or bo	th, in the State of Flo	orida. I am fa	millar with, and ac
SIGNATURE.	Signature, typed or printed name of registered agent and title	all applicable. (NOTE Registers	ed Agent signature requir	red when reinstating)	· ·	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				5.00 May Be ided to Fees			
10.	OFFICERS AND DIRE	CTORS	T T	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME	D WEISER, WARREN P						
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE	1002	1				
CITY-ST-ZIP	MIAMI, FL 33133		<u>.</u>		มอออออ	ግም <b>፥</b> ጀግምን	

05/02/05-80151-012 150.00 IIII NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-DP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

305-854-7342

Daytime Phone #