

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000157984	
1. Entity Name MORTGAGE BUSINESS CENTER, INC.	

Principal Place of Business 3625 N COUNTRY CLUB DRY 1908 MIAMI, FL 33180	Mailing Address 3625 N COUNTRY CLUB DRY APTO 1908 MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1922820	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HERRERA, JORGE ELIECER
3625 N. COUNTRY CLUB DR. #3-1908
MIAMI, FL 33180**

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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 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000567930 07/06/06-80003-010 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, JORGE ELIECER 3625 N. COUNTRY CLUB DR. #3-1908 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTILLO, FLOR MARINA 3625 N. COUNTRY CLUB DR. #3-1908 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _____ Date _____ Daytime Phone # _____