2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# P00000016747

Entity Name: MORTGAGE AMERICA ASSOCIATES, INC.

Current Principal Place of Business:

3211 PONCE DE LEON BLVD., STE 208
CORAL GABLES, FL 33134

New Principal Place of Business:

3211 PONCE DE LEON BLVD.
SUITE #208
CORAL GABLES, FL 33134

Current Mailing Address:

3211 PONCE DE LEON BLVD., STE 208
CORAL GABLES, FL 33134

New Mailing Address:

3211 PONCE DE LEON BLVD.
SUITE #208
CORAL GABLES, FL 33134

FEI Number: 52-2217875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, HECTOR III
3211 PONCE DE LEON BLVD., STE 208
CORAL GABLES, FL 33134 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: D
Name: ALVAREZ, HECTOR III
Address: 3211 PONCE DE LEON BLVD., STE 208
City-St-Zip: CORAL GABLES, FL 33134

Title: P
Name: LACKOWITZ, JEFFREY
Address: 3211 PONCE DE LEON BLVD., STE 208
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: ALVAREZ, HECTOR III
Address: 3211 PONCE DE LEON BLVD., STE 208
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY LACKOWITZ P 01/05/2011

Electronic Signature of Signing Officer or Director — Date