


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # 440601
1. Entity Name
PEDRO MORTGAGE COMPANY, INC.



Principal Place of Business Mailing Address
**419 W. 49TH STREET #106
HIALEAH, FL 33012** **419 W. 49TH STREET #106
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1523704 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**HERNANDEZ, PEDRO
15110 FALKIRK PLACE
MIAMI LAKES, FL 33016**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, PEDRO 15110 FALKIRK PLACE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, ARMINDA 5481 E 7TH AVE HIALEAH, FL - 00000,
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04/04/05-80051-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: *[Signature]* Date: **03/31/05** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR