


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90360 011 ***150.00

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



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

40073716



2. Principal Place of Business 3. Mailing Address
419 W 49th ST *419 W 49th ST*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#105 *#105*

04182006 Chg-P CR2E034 (11/05)

City & State City & State
Hialeah FL *Hialeah FL*
 Zip Country Zip Country
33012 *USA* *33012* *USA*

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 **7. Name and Address of New Registered Agent**

HERNANDEZ, PEDRO
15110 FALKIRK PLACE
MIAMI LAKES, FL 33016

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, PEDRO	NAME	
STREET ADDRESS	15110 FALKIRK PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, ARMINDA	NAME	
STREET ADDRESS	5481 E 7TH AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 00000,	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ *4/25/2006* *305 556 6627*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40073716

Division of Corporations



Annual Report

Annual Report Help

Document Number

440601

Business Entity Name

PEDRO MORTGAGE COMPANY, INC.

FEI Number 591523704

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 419 W. 49TH STREET #106

Suite, Apt. #, etc.

City, State HIALEAH, FL

Zip Code & Country 33012

Mailing Address

Address 419 W. 49TH STREET #106

Suite, Apt. #, etc.

City, State HIALEAH, FL

Zip Code & Country 33012

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA HERNANDEZ, PEDRO

Address (PO Box is not acceptable) 15110 FALKIRK PLACE

Suite, Apt. #, etc.

City, State MIAMI LAKES, FL

Zip Code & Country 33016 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT
40013716
~~#440001~~

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director HERNANDEZ, PEDRO

Street Address 15110 FALKIRK PLACE

City, State MIAMI LAKES, FL

Zip Code & Country

Title D

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director MORALES, ARMINDA

Street Address 5481 E 7TH AVE

City, State HIALEAH, FL 00000

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

ATTACHMENT
40073716
#440601

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title *President*

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset