2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2006 8:00 am Secretary of State **DOCUMENT # 440601** 05-01-2006 90360 011 ***150.00 1. Entity Name PEDRO MORTGAGE COMPANY, INC. Principal Place of Business Mailing Address 40073716 419 W. 49TH STREET #106 419 W. 49TH STREET #106 HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 9457 04182006 Chg-P CR2E034 (11/05) 4. FE! Number Applied For 59-1523704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, PEDRO Street Address (P.O. Box Number is Not Acceptable) 15110 FALKIRK PLACE MIAMI LAKES, FL 33016 City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PΩ ☐ Delete TITLE ☐ Change Addition HERNANDEZ, PEDRO NAME NAME 15110 FALKIRK PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ☐ Addition TITLE MORALES, ARMINDA NAME NAME 5481 E 7TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH,FL 00000 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE 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 mpowered.

FILED

305 55666

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	ullet Listed Above $igtriangle$ Applied For $igtriangle$ Not Applicable
Certificate of Status Desired	∀es (•) No
Election Campaign Financing Trust Fund Contribution	○ Yes ② 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

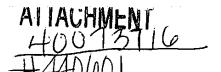
Zip Code & Country

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

Page 2 of 4



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, PEC	ORO			
Street Address	15110 FALKIRK PL	ACE			
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 C	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

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 Prosident

Officer/Director Signature Officer

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

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