


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State


04-26-2007 90216 023 ***150.00

DOCUMENT # 440601 1. Entity Name PEDRO MORTGAGE COMPANY, INC.	
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Principal Place of Business 419 W. 49TH STREET #106 SUITE 105 HIALEAH, FL 33012	Mailing Address 419 W. 49TH STREET #106 SUITE 105 HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # 419 WEST 49 th ST. Suite, Apt. #, etc. #105	3. Mailing Address 419 WEST 49 th ST Suite, Apt. #, etc. #105
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City & State HIALEAH, FL.	City & State HIALEAH, FL.	Zip 33012	Country U.S.A.
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03192007	Chg-P	CR2E034 (12/06)
4. FEI Number 59-1523704		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERNANDEZ, PEDRO 15110 FALKIRK PLACE MIAMI LAKES, FL 33016	7. Name and Address of New Registered Agent Name PEDRO F. HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 419 W. 49 ST, #105 Hialeah, FL City FL Zip Code 33012
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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:  DATE: 4/25/07

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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:  DATE: 4/25/07 305 - 506-6627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR