FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F37978

1. Entity Name

SORO MORTGAGE CO., INC



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90243 033 ***150.00

DO NOT WRITE IN THIS SPACE					11017117		
2. Principal Pla		3. Mailing Address					•
5901 NW 151 Street Suite, Apt. #, etc. SUITE 204		Suite. Apr. # Stc.]			DO NOT WRITE IN THIS SPACE		
City & State	A	City & State	/ 7/		FEI Number 59-2/530/0		Applied For Not Applicable
3301h	Country USA	Zip	Country	5.	Certificate of Status Desired	□ \$8	8.75 Additional e Required
	ngga pamatangan ng AFART na Galagaran kanasa na AFA Kabangan pagangan bangga pagangan pagan na pagan na magan na		7. Name and Address of Current Registered Agent				
Name Luis A. Soro						ひ	J
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A		// //	City				Zin Code a
5 <u>r</u>			mı	AMI	Beach	FL	33140
	amed entity submits this statement for ns of registered agent.	the purpose of changing its r	egistered office or re	egistered a	gent, or both, in the State of Flori	da. I am famil	liar with, and accept
the obligation	nis or registered agent.						
SIGNATURE	ignature, typed or printed hame of registered agent ar		S A. SOR		reinstating)	5 - 2の	03
Janu A	iary 1 - May 1 Fee is \$150.00 ifter May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of				Election Campaign Fina Trust Fund Contribution.	~ ~	\$5.00 May Be Added to Fees
10.	OFFICERS AND D	Section of the Control of the Contro	A Section of the Control of the Cont			 	
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	rtify that the information supplied with t	this filing does not qualify for	the assemption states	d in Section	119 07(3)(i) Florida Statutes I f	urther certify	that the information

2. I hereby certify that the information supplied with this filing does not qualify for the semption stated in Section 119.07(3)(i), Florida Statutes. Ffurther 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS A. SORO 1-5-2003 (305) 534-5000
Date Dayima Phone #

CR2E034