

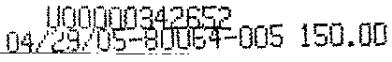



FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K01837 1. Entity Name OCEAN STATES MORTGAGE CORPORATION				Apr 25, 2005 08:00 AM Secretary of State	
Principal Place of Business 5900 RIVIERA DR. CORAL GABLES, FL 33146		Mailing Address 5900 RIVIERA DR. CORAL GABLES, FL 33146			
DO NOT WRITE IN THIS SPACE				04262005 000000 000000000000	
				4. FEI Number 65-0014021	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 000000000000	
6. Name and Address of Current Registered Agent COX, DAVID F., JR. 5900 RIVIERA DR. CORAL GABLES, FL 33146				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/> \$5.00 000000000000			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD COX, DAVID F. JR., 5900 RIVIERA DR. CORAL GABLES, FL		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS COX, PATRICIA H. 5900 RIVIERA DRIVE CORAL GABLES, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP COX, MICHAEL C. 5900 RIVIERA DRIVE CORAL GABLES, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  David Cox <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/27/05 (303) 445-7956 <small>Date Daytime Phone #</small>	