# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2008**
**Secretary of State**

DOCUMENT# K01837

**Entity Name:** OCEAN STATES MORTGAGE CORPORATION

**Current Principal Place of Business:**

5900 RIVIERA DR.
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

5900 RIVIERA DR.
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number: 65-0014021** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COX, DAVID F., JR.
5900 RIVIERA DR.
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

COX JR, DAVID F PRES
5900 RIVIERA DR.
CORAL GABLES, FL 33146 US

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.

SIGNATURE: DAVID F COX JR 01/04/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: COX, DAVID F.JR.,,
Address: 5900 RIVIERA DR.
City-St-Zip: CORAL GABLES, FL

Title: DS ( ) Delete
Name: COX, PATRICIA H.,
Address: 5900 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL

Title: VP ( ) Delete
Name: COX, MICHAEL C.
Address: 5900 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: COX JR, DAVID F PD
Address: 5900 RIVIERA DR.
City-St-Zip: CORAL GABLES, FL 33146

Title: DS (X) Change ( ) Addition
Name: COX, PATRICIA H DS
Address: 5900 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VP (X) Change ( ) Addition
Name: COX, MICHAEL C
Address: 5900 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID F COX JR PRES 01/04/2008
Electronic Signature of Signing Officer or Director Date