

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098338

FILED
Apr 19, 2007
Secretary of State

Entity Name: SOLUTIONS 4 USA MORTGAGE GROUP LLC

Current Principal Place of Business:

1414 NW 107TH AVENUE
SUITE 309
MIAMI, FL 33172 US

New Principal Place of Business:

6351 NW 99 AVE
MIAMI, FL 33178 US

Current Mailing Address:

1414 NW 107TH AVENUE
SUITE 309
MIAMI, FL 33172 US

New Mailing Address:

6351 NW 99 AVE
MIAMI, FL 33178 US

FEI Number: 20-3605411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COISCOU, RENE
6319 NW 173 TERR
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

JAVIER, MARTINEZ
6351 NW 99 AVE
MIAMI, FL 33178 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: JAVIER MARTINEZ

04/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COISCOU, RENE
Address: 6319 NW 173 TERR
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: MGR (X) Delete
Name: MARTINEZ, JAVIER
Address: 1414 NW 107 AVE SUITE #309
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARTINEZ, JAVIER
Address: 6351 NW 99 AVE
City-St-Zip: MIAMI, FL 33178 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAVIER MARTINEZ

MGR

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date