

Apr 29 03 12:04a

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91891 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 86239
1. Entity Name
MORTGAGE PROS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1525 SW 87TH AVE. Suite, Apt. #, etc.	3. Mailing Address 1525 SW 87TH AVE. Suite, Apt. #, etc.
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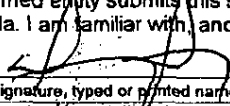
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33174	Country US

4. FEI Number 65-0204487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name PEREZ, DIEGO	
Street Address (P.O. Box Number is Not Acceptable) 1525 SW 87TH AVE.	
City MIAMI	Zip Code 33174

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** 4/30/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, DIEGO 10555 SW 158TH PLACE MIAMI, FL.
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/28/2003** **305-382-2333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**