




FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M73563 1. Entity Name VASHE MORTGAGE CORP.				Secretary of State	
Principal Place of Business 8433 W OKEECHOBEE RD HIALEAH GARDENS, FL 33016		Mailing Address 8433 W OKEECHOBEE RD HIALEAH GARDENS, FL 33016			
DO NOT WRITE IN THIS SPACE					
				02262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2721441		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES, PABLO J 8433 W OKEECHOBEE RD HIALEAH GARDENS, FL 33016				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE	PVS				
NAME	VALDES, PABLO J				
STREET ADDRESS	8433 W OKEECHOBEE RD				
CITY- ST- ZIP	HIALEAH, FL 33016				
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____					