

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-01-2005 90008 034 ***150.00
P00000037723

DOCUMENT # P00000037723 1. Entity Name MORTGAGE BANKERS, N.A., INC.		 FILED 05 APR -6 AM 8:12 SECRETARY OF STATE 	
Principal Place of Business 2475 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		Mailing Address 2475 HOLLYWOOD BLVD. HOLLYWOOD FL 33020	
2. Principal Place of Business 2030 S OCEAN DR Suite, Apt. #, etc. #103 City & State HALLANDALE BEACH FL		3. Mailing Address 2030 Suite, Apt. #, etc. James City & State HALLANDALE BEACH FL	
Zip 33009	Country	Zip 33009	Country
6. Name and Address of Current Registered Agent FRASER, CORI 2475 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name FRASER, CORI Street Address (P.O. Box Number is Not Acceptable) 2030 S OCEAN DR #103 City HALLANDALE BEACH FL Zip Code 33009	
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 Cori D. Fraser (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME FRASER, CORI STREET ADDRESS 2475 HOLLYWOOD BLVD CITY-ST-ZIP HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2030 S OCEAN DR #103 STREET ADDRESS HALLANDALE BEACH FL 33009 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Cori D. Fraser SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cori D. Fraser		Date 3-28-05 Daytime Phone #	