


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90443 008 \*\*\*158.75

**DOCUMENT # P00000080643**

1. Entity Name  
**CAPITAL FUNDING MORTGAGE GROUP, CORP.**




Principal Place of Business 8672 BIRD ROAD SUITE 209 MIAMI, FL 33155	Mailing Address 8672 BIRD ROAD SUITE 209 MIAMI, FL 33155
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2. Principal Place of Business 8518 S W 40 ST Suite, Apt. #, etc.	3. Mailing Address 8518 S W 40 ST Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-1034994	Applied For Not Applicable
Zip 33155	Country USA	Zip 33155	Country USA

6. Name and Address of Current Registered Agent

ESQUIJAROSA, LUIS F  
 8672 BIRD ROAD  
 SUITE 209  
 MIAMI, FL 33155



04152004 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**ESQUIJAROSA, LUIS F**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8518 S W 40 ST**  
 City  
**MIAMI** **FL** Zip Code  
**33155**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESQUIJAROSA, LUIS F <del>8672 BIRD ROAD SUITE 209</del> MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESQUIJAROSA, LUIS F 8518 S W 40 ST MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Luis Esquijarosa* **4-20-04** **DIRECTOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #