

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000101985

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** NORTHSTAR MORTGAGE SERVICES, INC.

**Current Principal Place of Business:**

3408 WEST 84TH ST., SUITE 316  
HIALEAH, FL 33018

**New Principal Place of Business:**

3408 WEST 84TH ST.  
SUITE 316  
HIALEAH, FL 33018

**Current Mailing Address:**

3408 WEST 84TH ST., SUITE 316  
HIALEAH, FL 33018

**New Mailing Address:**

3408 WEST 84TH ST.  
SUITE 316  
HIALEAH, FL 33018

**FEI Number:** 65-1051685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEDINA, NELSON JR  
16334 S.W. 11TH STREET  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

MEDINA, NELSON JR  
3408 WEST 84TH ST.  
SUITE 316  
HIALEAH, FL 33018 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: NELSON MEDINA JR

04/28/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEDINA, NELSON JR  
Address: 16334 S.W. 11TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VSD ( ) Delete  
Name: MEDINA, DANIEL  
Address: 16306 S.W. 11TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON MEDINA JR

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date