FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am Secretary of State 05-05-2003 91865 038 ***150.00

DOCUMENT #	\mathcal{D} Ω Ω Ω	107280	9
4 Charles Manager		1000	- 1

1. Entity Name

FAIRWAY MORTGAGE OF MIAMI CORP.



DO NOT WRITE	IN THIS SE	PACE	V	
2. Principal Place of Bysiness 2453 NW 7th ST & 2453 NW 7th ST & 2453 NW 7th ST				
Suite, Apt. #, etc.	Suite, Apt. #. etc.		DO NOT WRITE IN THIS SPACE	
City & State M/AM/, FL	City & State M/AMI, FL		4. FEI Number 65 - 1052518	Applied Fo
Zip 33125 Country	Zip 33125	Country	5. Certificate of Status Desired F	8.75 Additional see Required
		Name PED	7. Name and Address of Current Registered A	Agent
DO NOT WRITE IN THIS SPACE		Street Address	(PO Box Number is Not Acceptable)	
		City M1	AMI FL	Zin Cod 84
8. The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am fam	niliar with, and acce
SIGNATURE Signature, typed or printed name of registered agent	asst title it amplicable INOTE	: Registered Agent signature require	ed when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May I Added to Fees
Make Check Payable to Florida Department of 10. OFFICERS AND	<u> </u>			
TITLE PEDRO FRACINA NAME STREET ADDRESS CITY-ST-ZIP M/AMI, FL 33	LS, PRES, VS,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRIT	E
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	IN THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.*	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 informatic 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 direct of the corporation or the receiver or trustee empowered to execute this upport 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: