

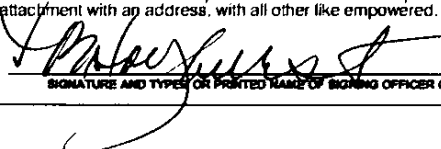


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 31 AM 10:00

DOCUMENT # P01000011907 1. Entity Name HAYHURST MORTGAGE, INC.					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		10252007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-1074176	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAYHURST, PATRICIA 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAYHURST, PATRICIA 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP OSCAR RODRIGUEZ 1688 MERIDIAN AVENUE, SUITE 508 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFMAN, CHERYL J 2601 S BAYSHORE DR, STE 245 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP EDWARD MUNGLEY 6889 MAIN STREET MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOPPLIN, SHARI 2601 S BAYSHORE DR, SUITE #250 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MAYTE FERRER 2601 S. BAYSHORE DR., SUITE 250 COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ESPINOSA, ILEANA 2601 S BAYSHORE DR, SUITE #250 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112387872 11/16/07--01055--001 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP EDROSA-BELLO, MIRTA 2601 S BAYSHORE DRIVE, SUITE #250 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELLADO, HARAUM 26015 BAYSHORE DR STE 250 COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 11/6/07	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			10/25/07 305-857-0222		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		