




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90032 037 ***150.00

DOCUMENT # P01000038846 1. Entity Name MY MORTGAGE BROKER INC					
Principal Place of Business 2514 HOLLYWOOD BLVD. SUITE 401 HOLLYWOOD, FL 33020 US			Mailing Address 2514 HOLLYWOOD BLVD. SUITE 401 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business 3801 S. OCEAN DRIVE Suite, Apt. #, etc. # 1-U		3. Mailing Address PO BOX 220342 Suite, Apt. #, etc.			
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL		4. FEI Number 65-1093002	
Zip 33019		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent. RAMIREZ, EDITH 3620 TAYLOR STREET HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) 16628 86 STREET NORTH City LOXA HATCHEE FL Zip Code 33470		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	PVS ROBERTS, JESSICA 2514 HOLLYWOOD BLVD., SUITE #401 HOLLYWOOD, FL 33020 <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	T ROBERTS, JESSICA 2514 HOLLYWOOD BLVD, SUITE #401 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			JESSICA ROBERTS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			4-4-5 Daytime Phone #		