2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-09-2003 90184 042 ***150.00

DOCUMENT # P01000042556

1. Entity Name
WESTERN MORTGAGE CORP.

Principal Place of Business	Mailing Address
7321 WEST 34TH COURT HIALEAH FL 33018	7321 WEST 34TH COURT HIALEAH FL 33018

2. Principal Place of Business	3. Mailing Address
1790 W. 49st	1790 W. 49st
Suite, Apt. #, etc. 305-10	Suite, Apt. #, etc. 305-10
City & State Hialeah FL	City & State Hialeah, Fl
Zip 33012 Country USA	Zip 33012 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0606537 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANZANARES, JOSE V 7321 WEST 34TH COURT HIALEAH FL 33018 → Please change mailing address to the one above!	Name Rosa Y. Manzanares Street Address (P.O. Box Number is Not Acceptable) 1790 W. 49 St. Ste. 305-10 City Hialeah FL Zip Code 33012

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 [signature] 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PTD MANZANARES, JOSE V 7321 WEST 34TH COURT HIALEAH FL 33018	✓ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MANZANARES, ROSA Y 7321 WEST 34TH COURT HIALEAH FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] SIGNATURE REQUIRED 4/1/03 (305)556-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #