

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052380

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: PROSPERITY PLUS MORTGAGE, INC.

## Current Principal Place of Business:

20535 NW 2ND AVE  
SUITE 202  
MIAMI, FL 33169 US

## New Principal Place of Business:

## Current Mailing Address:

20535 NW 2ND AVE  
SUITE 202  
MIAMI, FL 33169 US

## New Mailing Address:

FEI Number: 65-1109439      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKER, NICOLE  
20620 N.W. 34TH AVENUE  
MIAMI, FL 33056 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TRE ( ) Delete  
Name: WALKER, BODEREK MISS  
Address: 20535 NW 2ND AVE SUITE 202  
City-St-Zip: MIAMI, FL 33169 US

Title: PRES ( ) Delete  
Name: WALKER, NICOLE MRS.  
Address: 20535 NW 2ND AVE SUITE 202  
City-St-Zip: MIAMI, FL 33169 US

Title: SEC ( ) Delete  
Name: WALKER, TASHARI MISS  
Address: 20535 NW 2ND AVE SUITE 202  
City-St-Zip: MIAMI, FL 33169 US

Title: DIR ( ) Delete  
Name: ROSS, BETTY MRS.  
Address: 20535 NW 2ND AVE SUITE 202  
City-St-Zip: MIAMI, FL 33169 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: NICOLE WALKER

PRE

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date