

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90359 049 \*\*\*150.00

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

DOCUMENT # P01000061040  
1. Entity Name  
Express Financial Mortgage, Corp.

**DO NOT WRITE IN THIS SPACE**

752149

2. Principal Place of Business 7951 SW 40 <sup>th</sup> St. Suite, Apt. #, etc. 206	3. Mailing Address 7951 SW 40 <sup>th</sup> St. Suite, Apt. #, etc. 206
City & State Miami, FL	City & State Miami, FL
Zip 33155	Zip 33155
Country U.S.	Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1113430	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Osvaldo J. Diaz	
	Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40 <sup>th</sup> Street # 206	
	City Miami	FL Zip Code 33155

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRYST Nieto, Claudio 7951 SW 40 <sup>th</sup> St., #206 Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/01)