
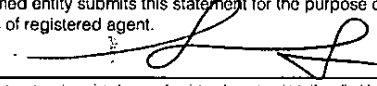



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90037 040 \*\*\*150.00

<b>DOCUMENT # P02000003921</b> 1. Entity Name <b>HOZ MORTGAGE SERVICES, CORP.</b>			
Principal Place of Business <b>3785 NW 82 AVE STE 102 MIAMI, FL 33166</b>		Mailing Address <b>3785 NW 82 AVE STE 102 MIAMI, FL 33166</b>	
2. Principal Place of Business <b>8180 NW 36 St</b>		3. Mailing Address <b>8180 NW 36 St</b>	
Suite, Apt. #, etc. <b>420</b>		Suite, Apt. #, etc. <b>420</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33166</b>		Zip <b>33166</b>	
Country		Country	
4. FEI Number <b>01-0551354</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE LA HOZ, LEOPOLDO 3785 NW 82 AVE STE 102 MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent Name <b>Leopoldo de la Hoz</b> Street Address (P.O. Box Number is Not Acceptable) <b>8180 NW 36 STREET STE 420</b> City <b>Miami</b> <b>FL</b> <b>33166</b>	
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 		DATE <b>3/11/05</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DE LA HOZ, LEOPOLDO</b>		NAME <b>Leopoldo de la Hoz</b>	
STREET ADDRESS <b>3785 NW 82 AVE STE 102</b>		STREET ADDRESS <b>8180 NW 36 St. Ste 420</b>	
CITY-ST-ZIP <b>MIAMI, FL 33166</b>		CITY-ST-ZIP <b>MIAMI, FL 33166</b>	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
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: 		Date <b>3/16/05</b> Daytime Phone # <b>(305) 899-1120</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

**50027261**



03112005 Chg-P CR2E034 (10/03)