FILED Mar 17, 2003 8:00 am Secretary of State

2/7

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200015201 1. Entity Name TRANSATLANTIC MTG BANKERS, INC.					02-28-2003 90120 028 ***150.00		**150.00
Principal Place of Business 2699 COLLINS AVE STE 106 MIAMI BCH FL 33140		Mailing Address 2699 COLLINS AVE STE 106 MIAM! BCH FL 33140					
2. Principal	Place of Business	3. Mailing Address		<u> </u>			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHANGES 4. FEI Number 0/1229/ Applied For			
							Zip
	6. Name and Address of Curren	t Registered Agent	··		7. Name and Address of New I	Fee Requi	red
RIVEDA	VICTOR.			Name			
2699 CO	LLINS AVE STE 108 CH FL 33140		_	Street Address (P.O. Box Number is Not Acceptable)			
			-	City		FL Zip Co	ode
SIGNATURE	e named entity submits this statement for tions of peristered agent.	re					
SIGNATURE F Afte Make Check	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Psyable to Florida Department o	and late if applicable (NOT		gant signature required s	9. Election Campaign Fir Trust Fund Contribution	+	00 May Be
SIGNATURE F Afte Make Check 10.	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Fiorida Department o	and late if applicable (NOT			Election Campaign Fir Trust Fund Contribution	nancing \$5.	d to Fees
SIGNATURE F Afte Make Check	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Psyable to Florida Department o	and late if applicable (NOT	TE: Registered Aç	gant eigneture required v	9. Election Campaign Fir	nancing \$5.	d to Fees
SIGNATURE Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Fiorida Department of OFFICERS AND DPST RIVERA, VICTOR 2699 COLLINS AVE STE 106	and little of applicable. [NOT	11. TITLE NAME STREET A	gant signature required of the signature req	Election Campaign Fir Trust Fund Contribution	nancing \$5. n. Adde	RS IN 11
SIGNATURE Afte Make Check 10. 110. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME TREET ADDRESS	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Fiorida Department of OFFICERS AND DPST RIVERA, VICTOR 2699 COLLINS AVE STE 106	and little if applicable. [NOT	11. TITLE NAME STREET A CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI	Gent signature required of the control of the contr	Election Campaign Fir Trust Fund Contribution	nancing \$5. n.	ed to Fees RS IN 11 Addition
SIGNATURE Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE AAME STREET ADDRESS TITY-ST-ZIP TITLE AAME TREET ADDRESS TITY-ST-ZIP TITLE AAME TREET ADDRESS	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Fiorida Department of OFFICERS AND DPST RIVERA, VICTOR 2699 COLLINS AVE STE 106	and late if explicable. [NOT if State DIRECTORS Delete	11. TITLE NAME STREET A CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE NAME - STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI STREET AI	gent signature required of the property of the	Election Campaign Fir Trust Fund Contribution	nancing \$5. n. Adde ICERS AND DIRECTOR Change	RS IN 11 Addition Addition
SIGNATURE F Afte Make Check 10. TiTLE NAME SIREET ADDRESS	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Fiorida Department of OFFICERS AND DPST RIVERA, VICTOR 2699 COLLINS AVE STE 106	and late if explicable. [NOT if State DIRECTORS Delete Delete	11. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME NAME NAME NAME	Gent signature required of the control of the contr	Election Campaign Fir Trust Fund Contribution	nancing \$5. n. Adde ICERS AND DIRECTOR Change Change	RS IN 11 Addition Addition

Attachment

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45202

DATE OF THIS NOTICE: 03-18-2002
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 01-0623391
FORM: SS-4

PO200015201 0134355888 B

58016478

FOR ASSISTANCE CALL US AT: 1-800-829-1040

TRANSATLANTIC MTG BANKERS INC 2699 COLLINS AVE STE 106 MIAMI BEACH FL 33140

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 01-0623391. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941 Form 1120 Form 940 10/31/2002 03/15/2003 01/31/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720); or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupon if you need to make a deposit before you receive your supply.

X