

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90392 034 ***150.00

DOCUMENT # P02000034709					
1. Entity Name THE MORTGAGE 4U CORPORATION					
Principal Place of Business 1800 W 49 STREET #121 HIALEAH, FL 33012		Mailing Address 2083 W 76 ST Hialeah, FL 33016			
2. Principal Place of Business 2083 W 76 ST		3. Mailing Address 2083 W 76 ST			
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201			
City & State HIALEAH FL		City & State HIALEAH FL			
Zip 33016 Country USA		Zip 33016 Country USA			
4. FEI Number 03-0416094				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALMASEDA, ADELA 1380 W 69 STREET HIALEAH, FL 33014			7. Name and Address of New Registered Agent Name ARMANDO RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 2083 W 76 ST City HIALEAH FL Zip Code 33016		
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: <u>ARMANDO RODRIGUEZ - PRESIDENT</u> DATE: <u>4/21/06</u> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BALMASEDA, ADELA 1380 W 69 STREET HIALEAH, FL 33014		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ARMANDO RODRIGUEZ 2083 W 76 ST HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>ARMANDO RODRIGUEZ</u> <u>4/21/06</u> <u>305-362-2200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Phone #</small>					