

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000050167

FILED
Mar 08, 2007
Secretary of State

Entity Name: THE MORTGAGE MANUAL, INC.

Current Principal Place of Business:

8600 NW 52 TERRACE
#103
MIAMI, FL 33166

New Principal Place of Business:

5201 BLUE LAGOON DRIVE
919
MIAMI, FL 33126

Current Mailing Address:

21150 POINT PLACE
1402
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 02-0596729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIAFARA, CAMILO E
21150 POINT PLACE, UNIT 1402
AVENTURA, FL 33180 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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: VIAFARA, PATRICIA C
Address: 21150 POINT PLACE, UNIT 1402
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: VIAFARA, CAMILO E
Address: 21150 POINT PLACE, UNIT 1402
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: VIAFARA, ANDREA E
Address: 21150 POINT PLACE, UNIT 1402
City-St-Zip: AVENTURA, FL 33180

Title: PD () Delete
Name: TOVAR, PATRICIA
Address: 21150 POINT PLACE, UNIT 1402
City-St-Zip: AVENTURA, FL 33180

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 Chapter 119, 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: PATRICIA VIAFARA

MRS

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date