


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90176 024 ***150.00

DOCUMENT # P02000077892	
1. Entity Name ROYAL OAKS MORTGAGE CORP	

Principal Place of Business 7150 NW 72ND AVE MIAMI, FL 33166	Mailing Address 7150 NW 72ND AVE MIAMI, FL 33166
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2. Principal Place of Business 20928 S. DIXIE HWY Suite, Apt. #, etc.	3. Mailing Address P.O. Box 924117 Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33187	Zip FL 33092
Country USA	Country USA



05012004 Chg-P CR2E034 (10/03)

4. FEI Number 43-1967730	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 BORROTO, LIN S 7150 NW 72ND AVE MIAMI, FL 33166	
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7. Name and Address of New Registered Agent	
Name LIN S. Borroto	
Street Address (P.O. Box Number is Not Acceptable) 20928 S. Dixie Hwy.	
City MIAMI	Zip Code FL 33187

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 *Lin Borroto* DATE *5/1/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607-193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORROTO, LIN S 7150 NW 72ND AVE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Borroto, LIN S. 20928 S. Dixie Hwy MIAMI FL 33187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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 *Lin Borroto* *5/1/04*