

**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      Mailing Address

~~7150 NW 72ND AVE~~  
~~MIAMI, FL 33166~~

~~7150 NW 72ND AVE~~  
~~MIAMI, FL 33166~~

2. Principal Place of Business      3. Mailing Address

20928 S. DIXIE HWY  
 Suite, Apt. #, etc.

P.O. Box 924117  
 Suite, Apt. #, etc.



05012004      Chg-P      CR2E034 (10/03)

City & State      City & State

MIAMI FL      MIAMI FL

Zip      Country      Zip      Country

33187      USA      FL 33092      USA

4. FEI Number      Applied For

43-1967730       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    

6. Name and Address of Current Registered Agent

BORROTO, LIN S  
7150 NW 72ND AVE  
MIAMI, FL 33166

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      State      Zip Code

MIAMI      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      \$5.00 May Be Added to Fees

Trust Fund Contribution.            In accordance with s. 607-193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BORROTO, LIN S	
STREET ADDRESS	7150 NW 72ND AVE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borroto, LIN S.	
STREET ADDRESS	20928 S. Dixie Hwy	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: LIN BORROTO      DATE: 5/1/04