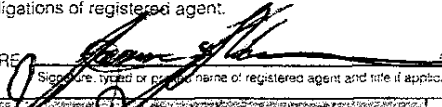
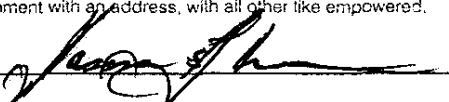


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000126591		 FILED 04 FEB 24 PM 12:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name SANYIKA MORTGAGE GROUP, INC.		Principal Place of Business 20451 NW 2ND AVE., SUITE 200B N. MIAMI BCH FL 33169	
2. Principal Place of Business Suite, Apt. #, etc. 270 NW 183 RD St. City & State Miami, FL Zip 33169		3. Mailing Address Suite, Apt. #, etc. 270 NW 183 RD St. City & State Miami, FL Zip 33169	
4. FEI Number 75-3089081		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRENNAN, ALLYN 18041 BISCAYNE BLVD., SUITE 1505 DEL PRADO AVENTURA FL 33160		7. Name and Address of New Registered Agent Name Jason Thomas Street Address (P.O. Box Number is Not Acceptable) 253 172 ND St. #302 City Sunny Isles FL Zip Code 33160	
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 		JASON THOMAS 2-23-04	
(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME THOMAS, JASON STREET ADDRESS 20451 NW 2ND AVE., SUITE 200B CITY-ST-ZIP N. MIAMI BCH FL 33169	☐ Delete	TITLE D NAME TOOKS, MELVIN STREET ADDRESS 12810 N.E. MIAMI CT CITY-ST-ZIP N. MIAMI, FL 33161	☐ Change ☒ Addition
TITLE D NAME THOMAS, WINSTON STREET ADDRESS 602 LISLE DR. CITY-ST-ZIP MITCHELLVILLE MD 20721	☒ Delete	TITLE D NAME CARMEN HOPE STREET ADDRESS 165 HIDDEN COURT CITY-ST-ZIP HOLLYWOOD, FL 33023	☐ Change ☒ Addition
TITLE D NAME BRENNAN, ALLYN STREET ADDRESS 18041 BISCAYNE BLVD., #1505 CITY-ST-ZIP AVENTURA FL 33160	☒ Delete	TITLE 400029404074 NAME 02/25/04--01068--016 STREET ADDRESS CITY-ST-ZIP **908.75	☐ Change ☐ Addition
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

 **JASON THOMAS** **2-23-04** **305-650-9666**