2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000126591

1. Entity Name
SANYIKA MORTGAGE GROUP, INC.

FILED
04 FEB 24 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
20451 NW 2ND AVE., SUITE 200B N. MIAMI BCH FL 33169	20451 NW 2ND AVE., SUITE 200B N. MIAMI BCH FL 33169

REINSTATEMENT — CHECK HERE IF MAKING CHANGES 03-04

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 270 NW 183RD St.	Suite, Apt. #, etc.: 270 NW 183RD St.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33169 Country: USA	Zip: 33169 Country: USA

4. FEI Number: 75-3089081 ☐ Applied For ☐ Not Applicable

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 172ND 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: [signature] JASON THOMAS 2-23-04
Signature, typed or printed name of registered agent and title if applicable (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, JASON 20451 NW 2ND AVE., SUITE 200B N. MIAMI BCH FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOOKS, MELVIN 12810 N.E MIAMI CT N. MIAMI, FL 33161	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, WINSTON 602 LISLE DR. MITCHELLVILLE MD 20721	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARMEN HOPE 165 HIDDEN COURT HOLLYWOOD, FL 33023	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, ALLYN 18041 BISCAYNE BLVD., #1505 AVENTURA FL 33160	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400029404074 02/25/04--01068--016 **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: [signature] JASON THOMAS 2-23-04 305-650-9666