2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000014855

1. Entity Name

INVESTORS CAPITAL MORTGAGE GROUP, INC.

FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

1414 NW 107 AVE SUITE 109 MIAMI, FL 33172 Mailing Address

1414 NW 107 AVE SUITE 109 MIAMI, FL 33172



DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
54-0445255		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BALZOLA, CARLOS 1414 NW 107 AVENUE SUITE 109 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

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				required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	UQ00Q0934Q79	
10.	OFFICERS AND DIRECT	CTORS	Ţ	•	05/23/08-80017-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALZOLA, CARLOS A 1414 NW 107 AVE. SUITE 109 MIAMI, FL 33172					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, JORGE 1414 NW 107 AVE MIAMI, FL 33172					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, LUIS 1414 NW 107 AVE MIAMI, FL 33172		,	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, GLENDA 1414 NW 107 AVE MIAMI, FL 33172			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		<u>:</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 NO TYPED OR PRINTED MAME OF BIGNING OFFICER OR DIRECTO

JORGE FERNANDEZ-PLA TO

4/29/08

305-716-0200

Daytime Phone #