

DOCUMENT # P03000029127

1. Entity Name

LOYAL LENDING MORTGAGE CORPORATION

May 0  
Sec

## Principal Place of Business

1000 PONCE DE LEON BLVD.  
SUITE 124  
CORAL GABLES, FL 33134

## Mailing Address

1000 PONCE DE LEON BLVD.  
SUITE 124  
CORAL GABLES, FL 33134

04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0513205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BERMUDEZ, KARLA D  
1000 PONCE DE LEON BLVD.  
SUITE 124  
CORAL GABLES, FL 33134DO 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

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, 2005 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution.\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERMUDEZ, KARLA D
STREET ADDRESS	1000 PONCE DE LEON BLVD., #124
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
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05/04/05-80157-001 150.00DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karla Bermudez 4/29/05 (305) 412-8871