2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# P03000030019

Entity Name: VESTA HOME LOANS INC.

Current Principal Place of Business:

6538 COLLINS AVE., APT. 213
MIAMI BEACH, FL 33141

New Principal Place of Business:

6600 TAFT STREET
100
HOLLYWOOD, FL 33024

Current Mailing Address:

6538 COLLINS AVE., APT. 213
MIAMI BEACH, FL 33141

New Mailing Address:

6600 TAFT STREET
100
HOLLYWOOD, FL 33024

FEI Number: 73-1661650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRADE, MANUEL J
6538 COLLINS AVE., APT. 213
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

FRADE, MANUEL J
3400 CORAL WAY
600
MIAMI, FL 33145 US

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.

SIGNATURE: M. FRADE 05/03/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRADE, MANUEL J
Address: 6538 COLLINS AVE., APT. 213
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: FRADE, LISA A
Address: 6538 COLLINS AVE., APT. 213
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Delete
Name: BARROSO, ARBELIO
Address: 2620 NE 135TH ST., #2F
City-St-Zip: NORTH MIAMI BEACH, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: FRADE, MANUEL J
Address: 6600 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: PD (X) Change ( ) Addition
Name: FRADE, LISA A
Address: 6600 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L FRADE P 05/03/2007
Electronic Signature of Signing Officer or Director Date