

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90009 012 ***150.00

DOCUMENT # P03000096872					
1. Entity Name MORTGAGE PROTECTION DPT, CORP.					
Principal Place of Business 6745 NW 189 TERR MIAMI, FL 33015			Mailing Address 6745 NW 189 TERR MIAMI, FL 33015		
2. Principal Place of Business 12744 S.W. 49 CT.		3. Mailing Address 12744 S.W. 49 CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212006 Chg-P CR2E034 (11/05)	
City & State MIRAMAR, FL.		City & State MIRAMAR, FL		4. FEI Number 51-0480458	
Zip 33027		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONSALVE, LUIS 6745 NW 189 TERR MIAMI, FL 33015		7. Name and Address of New Registered Agent Name: MONSALVE, LUIS Street Address (P.O. Box Number is Not Acceptable): 12744 S.W. 49 CT. City: MIRAMAR FL Zip Code: 33027			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MONSALVE, LUIS 6745 NW 189 TERR MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONSALVE, LUIS 12744 S.W. 49 CT. MIRAMAR, FL. 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREIRE, GLORIA 6745 NW 189 TERR MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREIRE, GLORIA 17048 N.W. 19 ST PEMBROKE PINES, FL. 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREIRE, WINSTON 6745 NW 189 TERR MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREIRE, WINSTON 17048 N.W. 19 ST PEMBROKE PINES, FL. 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: _____		Luis Monsalve President		3/7/06 (305) 623 2709	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	