


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 DEC 27 PM 3:59

<b>DOCUMENT # P03000099836</b> 1. Entity Name <b>WISE PROPERTY MORTGAGE CORPORATION</b>					
Principal Place of Business <b>7590 NW 186 ST 110 MIAMI, FL 33018</b>			Mailing Address <b>7590 NW 186 ST 110 MIAMI, FL 33015</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PEREIRA, RAFAEL A 7590 N.W. 186 ST., STE. 110 MIAMI, FL 33015</b>				7. Name and Address of New Registered Agent Name <b>MOISES KABA III</b> Street Address (P.O. Box Number is Not Acceptable) <b>3601 S.W. 129th Avenue</b> City <b>miami</b> <b>FL</b> Zip Code <b>33175</b>	
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 <u><i>Moises Kaba</i></u> <span style="float: right;">12/16/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 PEREIRA, RAFAEL A <input checked="" type="checkbox"/> Delete 7590 NW 186 ST SUITE 110 MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition moises kaba III 3601 S.W. 129th Avenue miami, Florida 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ana B. Donado 7590 N.W. 186 Street, Suite 110 Hialeah, Florida 33015	
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	
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	
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	
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 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: <u><i>Moises Kaba</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			12/16/04 786-298-0209 <small>Date Daytime Phone #</small>		