



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000106848		
1. Entity Name FLORIDA GROUP MORTGAGE LENDERS, INC.		
Principal Place of Business 10113 SUNSET DRIVE MIAMI, FL 33173		Mailing Address 10113 SUNSET DRIVE MIAMI, FL 33173
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARI, MANUEL J 250 BIRD RD., STE. 200 CORAL GABLES, FL 33146		 07052006 No Chg-P CR2E034 (11/05)
4. FEI Number 20-0268907		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 Duo by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, PABLO J 10113 SUNSET DRIVE MIAMI, FL 33173	
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DO NOT WRITE IN THIS SPACE		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7/06/06 <small>Daytime Phone #</small>