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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
05 APR 29 PM 1:49
DIVISION OF CORPORATIONS

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05 APR 29 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

METRO MORTGAGE FINANCIAL GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Metro Mortgage Financial Group Inc
 2. The principal office address: 7950 SW 30th Street, Suite 202
Davie, FL 33328
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: Oct. 12, 2004 Document number: PO 300 112488

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ricardo Carnera
14820 NW 81st Ave
Miami Lakes, FL 33016

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

7950 S.W. 30th Street, Suite 202
Davie FL 33328
(P.O. Box NOT acceptable)

Laura Bromet

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Laura Bromet
(Signature of Registered Agent)

Andree Varga
(Printed or Typed Name and Title)

4/27/05
(Date)

If signing on behalf of an entity:

Laura Bromet
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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