## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P03000153524   |  |   |   |   |          |
|---|--|---|---|---|----------|
| 1. Entity Nar<br>PRODIG   | ne<br>AL MORTGAGE GROUP, INC   | Σ.  |   |   |          |
|   | ce of Businoss<br>ND AVENUE, SUITE 442<br>33126  | Mailing Address<br>782 NW 42ND AVENUE, SUITE<br>MIAMI, FL 33126 | 442   |   |          |
| С   | OO NOT WRITE   |   | CE  | 03312005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applied 20-0509791 Not Applied  5. Certificate of Status Desired \$8.75 Additional Fee Required  |          |
|   | RAMIRO A<br>2ND AVENUE, SUITE 442  |   |   | DO NOT WRITE<br>IN THIS SPACE   |          |
| the obliga  | named entity submits this statement for thitions of registered agent.  | e purpose of changing its registere                             | ed office or registere  | ered agent, or both, in the State of Florida. I am familiar with, and acce  | ept      |
| SIGNATURE.  | Signature, typed or printed name of registered agent and   | title if applicable (NOTE Registered                            | d Agent signature required  | red when reinstating) DATE  | · }      |
| FIL<br>After M  | E NOWI!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00  | Election Campaign Finan     Trust Fund Contribution.            |   | 5.00 May Be dided to Fees   |          |
| 10.   | OFFICERS AND DI  | RECTORS   |   | Unnna285404   |          |
| TITLE<br>NAME   | PSTD -<br>MORALES, EVA   | "   |   | 04/02/05-80042-025 150.00   |          |
| STREET ADDRESS<br>City-St-zip   | 782 NW 42ND AVENUE, SUITE 442  | 2   | -   |   |          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MIAMI, FL 33126  |   | =- ==   |   |          |
| TITLE<br>NAME   |  |   |   |   |          |
| STREET ADDRESS<br>CITY-SI-ZIP   |  |   |   | DO NOT WRITE  |          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |   | IN THIS SPACE   |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   |   |          |
| TITLE NAME STREET ADDRESS CITY ST-ZIP   |  |   | 1   |   |          |
| of the cor  | certify that the information supplied with this<br>on this report or supplemental report is tru<br>poration or the receiver or trustee empowe<br>or on an attachment with an address, with | fed to execute this report as require                           | nption stated in Sec<br>ure shall have the si<br>ed by Chapter 607, | iection 119.07(3)(i), Florida Stalutes, I further certily that the information<br>e same legal effect as if made under oath, that I am an officer or direct<br>7. Florida Statutes; and that my name appears in Block 10 or Block | or<br>if |
| SIGNATURE: SIGNATURE IND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Date Date Date Date Date |  |   |   |   |          |
|   | >  |   |   |   |          |