

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90129 015 ***150.00

14015836



DOCUMENT # P04000013716 1. Entity Name R.D EMPORIUM MORTGAGE, CORP.					
Principal Place of Business 1949 N.W. 17 ST. MIAMI, FL 33125			Mailing Address 1949 N.W. 17 ST. MIAMI, FL 33125		
2. Principal Place of Business <i>8545 NW 169th Terrace</i>		3. Mailing Address <i>8545 NW 169th Terrace</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>		4. FEI Number <i>20-0628932</i>	
Zip <i>33016</i>		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, RAMON 1949 N.W. 17 ST. MIAMI, FL 33125			7. Name and Address of New Registered Agent Name <i>FERNANDEZ RAMON</i> Street Address (P.O. Box Number is Not Acceptable) <i>8545 NW 169th Terrace</i> City <i>Miami</i> FL Zip Code <i>33016</i>		
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: <i>[Signature]</i> 4-28-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP FERNANDEZ, RAMON 1949 N.W. 17 ST. MIAMI, FL 33125 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8545 NW 169th Terrace</i> <i>Miami, FL 33016</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RODRIGUEZ, DUÑET 1949 N.W. 17 ST. MIAMI, FL 33125 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8545 NW 169th Terrace</i> <i>Miami, FL 33016</i>	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-05 305-821-8794 <small>Date Daytime Phone #</small>		