2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90132 016 ***150.00 DOCUMENT # P04000053126 M & J MORTGAGE LENDERS, CORP. Principal Place of Business Mailing Address 14411 SOUTH DIXIE HIGHWAY 14411 SOUTH DIXIE HIGHWAY 40048261 SUITE 204 SUITE 204 MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State 34-1986197 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALLEJO, MIGUEL A SR Street Address (P.O. Box Number is Not Acceptable) 14411 SOUTH DIXIE HIGHWAY SUITE 204 MIAMI, FL 33176 Zip Code City FL 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD ☐ Chance ☐ Addition TITLE TITLE ☐ Delete VALLEJO, MIGUEL A SR NAME NAME STREET ADDRESS 14411 SOUTH DIXIE HIGHWAY STE 204 STREET ADDRESS CITY ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition MUE HILE NAME VALLEJO, JOSEFA M NAME 14411 SOUTH DIXIE HIGHWAY STE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIE STD Delete Change | Addition VALLEJO, MOGUEL A JR NAME NAME STREET ADDRESS 14411 SOUTH DIXIE HIGHWAY STE 204 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAMI, FL 33176 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Channe ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 attactpment with an address, with all other like empowered.

CITY-ST ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY- ST - ZIP

CITY ST-ZIP

TITLE

NAME STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

FILED

☐ Change

☐ Addition