

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/2/2005-90013-024-\$150.00-\$150.00

DOCUMENT # P04000063799 1. Entity Name YORK MORTGAGE INC.		 <div style="text-align: right;"> FILED 05 SEP 18 AM 8:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>																																													
Principal Place of Business 2960 SW 139 TER DAVIE FL 33330		Mailing Address 2960 SW 139 TER DAVIE FL 33330																																													
2. Principal Place of Business 6065 N.W. 167 ST. Suite, Apt. #, etc. SUITE B12 City & State MIAMI, FL Zip 33015		3. Mailing Address 6065 N.W. 167 STREET Suite, Apt. #, etc. SUITE B12 City & State MIAMI, FL Zip 33015																																													
4. FEI Number 201020583		Applied For <input type="checkbox"/> Not Applicable																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		2nd MOORE CR2E034 (5/05)																																													
6. Name and Address of Current Registered Agent MOR, VERONICA A 4242 W 16 ST HALEAH FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6065 N.W. 167 STREET SUITE B12 City MIAMI FL Zip Code 33015																																													
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>																																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">DP</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>MOR, VERONICA A</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td>4242 W 16 AVE</td> <td></td> </tr> <tr> <td></td> <td></td> <td>HALEAH FL 33010</td> <td></td> </tr> <tr> <td></td> <td></td> <td>6065 N.W. 167 ST</td> <td></td> </tr> <tr> <td></td> <td></td> <td>SUITE B12</td> <td></td> </tr> <tr> <td></td> <td></td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td></td> <td></td> <td>33015</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td><td></td></tr> </table> </div> </div>				TITLE	DP	NAME	<input type="checkbox"/> Delete	STREET ADDRESS		MOR, VERONICA A		CITY- ST- ZIP		4242 W 16 AVE				HALEAH FL 33010				6065 N.W. 167 ST				SUITE B12				MIAMI, FL				33015		TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY- ST- ZIP			
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 8/26/05 (305) 304-8900 <small>Daytime Phone</small>																																													