


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90004 034 \*\*\*150.00

DOCUMENT # P04000063799					
1. Entity Name YORK MORTGAGE INC.					
Principal Place of Business 6073 NW 167TH ST C-27 MIAMI, FL 33015			Mailing Address 6073 NW 167TH ST C-27 MIAMI, FL 33015		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1020583	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOR, VERONICA A <del>6065 N.W. 167 ST-</del> <b>6073 N.W. 167th STREET</b> <del>SUITE #B12-</del> <b>C-27</b> MIAMI, FL 33015			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 also if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOR, VERONICA A		NAME		
STREET ADDRESS	6073 NW 167TH ST., C-27		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby 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 attachment with an address, with all other links empowered.					
SIGNATURE: <i>Veronica A. Mor</i>		Date: <i>6/19/07</i>		Corporate Print # <i>30531648900</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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06122007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1020583 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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SIGNATURE

Signature (typed or printed name of registered agent, and also if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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SIGNATURE: *Veronica A. Mor* Date: *6/19/07* Corporate Print # *30531648900*