

PD40000080434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

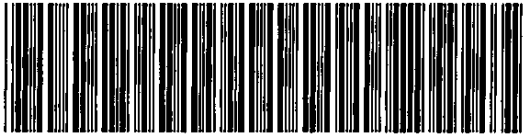
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 15 PM 3:41

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW WAY MORTGAGE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000080434

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAVIER A. GARCIA
(Name of Contact Person)

NEW WAY MORTGAGE, INC.
(Firm/Company)

3399 NW 72 AVENUE SUITE 226
(Address)

MIAMI, FL 33122
(City/State and Zip Code)

For further information concerning this matter, please call:

JAVIER A. GARCIA at (786) 866-8717
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2007

JAVIER A. GARCIA
NEW WAY MORTGAGE INC.
3399 NW 72 AVENUE - SUITE 226
MIAMI, FL 33122

SUBJECT: NEW WAY MORTGAGE INC.
Ref. Number: P04000080434

We have received your document for NEW WAY MORTGAGE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 707A00047834

RECEIVED
07 AUG 15 AM 8:00
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEW WAY MORTGAGE, INC.
2. The principal office address: 3399 NW 72 AVENUE SUITE 226 MIAMI, FL 33122
3. The mailing address (if different): -SAME-
4. Date of incorporation/qualification: 05/19/2004 Document number: P04000080434
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JUAN CARLOS FIGUEROA
3399 NW 72 AVENUE SUITE 226
MIAMI, FL 33122

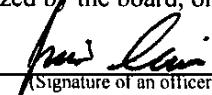
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAVIER A. GARCIA
3399 NW 72 AVENUE SUITE 226
(P.O. Box NOT acceptable)
MIAMI, FL 33122

FILED STATE
SECRETARY OF CORPORATIONS
07 AUG 15 PM 3:41

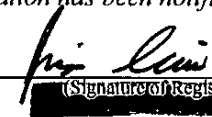
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

JAVIER A. GARCIA
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

07/01/2007
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****