2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000101874

Entity Name: FIRST UNION MORTGAGE BROKERAGE, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
3625 N.W. 82ND AVE. SUITE 406 MIAMI, FL 33166	

Current Mailing Address:	**New Mailing Address:**
3625 N.W. 82ND AVE. SUITE 406 MIAMI, FL 33166	

FEI Number: 20-1449779   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CASTILLO, ADOLFO 5590 NW 107 AVE #1102 MIAMI, FL 33178 US	CASTILLO, ADOLFO 3625 NW 82 AVE SUITE 406 MIAMI, FL 33166 US

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.

SIGNATURE: ADOLFO CASTILLO   10/06/2005

_____ Electronic Signature of Registered Agent _____   _____ Date _____

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: DP ( ) Delete Name: CASTILLO, ADOLFO Address: 5590 NW 107 AVE #1102 City-St-Zip: MIAMI, FL 33178	Title: DP (X) Change ( ) Addition Name: CASTILLO, ADOLFO Address: 3625 NW 82 AVE SUITE 406 City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADOLFO CASTILLO   DP   10/06/2005

_____ Electronic Signature of Signing Officer or Director _____   _____ Date _____