FILED Apr 28, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION

ANNUAL REPURI					14-28-2005 90	0181 017 ***150.00)	
DOCUMENT # P04000108071				2.				
1. Entity Name FASTWAY MORTGAGE, INC.								
-								
		Mailing Address	-		14004134			
621 E 39TH STREET • 621 E 39TH STREET HIALEAH, FL 33013 HIALEAH, FL 33013								
					97% 98% 137% 99% 9			
2. Principal Place of Business 3455 E 4AVENUE		Mailing Address			(18)	 1986 1986 198 6 198 6 198 6 198 6 198 6 1986 1986 1986 1986 1986 1986		
Suite, Apt. #, etc. 3 City & State		Suite. Apt. #, etc. City & State		04262005	Chg-P	CR2E034 (10/03)	plied For	
HIAleah, FIORIDA		Zip Country		<i>ao</i>	-73998	28 INC	Applicable	
33013 Dade		<u> </u>			of Status Desired	Fee Hequiro		
6. Name and Address of Current Registered Agent				7. Pourne enu	Address or res	Registered Agent		
ALZERRECA, RICHARD 621 E 39TH STREETS			Street Acc	Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH, FL 32013								
			City			FL Zip Cod	9	
8. The above named entry aubmits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida - Lam familiar with, and accept the obligations of peguatered agent.								
1 × SMD								
SIGNATURE Constitute broads of printed name of registered agent and title it applicable. (NOTE: Registered Agent aignosture required when containing) (JATE								
FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
After M	ay 1, 2005 Fee will be \$550.	-		Added to Fees			ĺ	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO O	FFICERS AND DIRECTOR	\$ IN 11	
IIILI NAME	D ALZERRECA RICHARD	Delate.	TITLE			☐ Change	Addition	
STREET ADDRESS	621 E 39TH STREET		STREET ADDRESS				ĺ	
TITLE	HIALEAH, FL 33013	☐ Delete	CITY-ST-ZIP			☐ Chanos	☐ Addition	
NAME		□ Délété	NAME			Citalias	La Pagneryn	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				•	
Mu	<u></u>	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME .			_ •		
STREET ADDRESS CITY+\$T+ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Detete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CAY-ST-ZIF	<u>-</u>				
TITLE NAME		☐ Celete	TITLE			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-SI-ZIF		☐ Delete	CITY-ST-ZIP			☐ Change	Addillon	
NAME			NUME			C comite	C) ASSIST	
STREET ADDRESS CITY-ST-ZWP			STREET ADORESS CITY-ST-ZIP					
	Certify that the information supplied will on this report or suppliemental report in	this filing does not quality for t		d in Section 119,07(3)	(I). Florida Statuto	s.) turther certify that the	nformation	
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3XI). Florida Statutes, I turther 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 it made under eight that it am an officer or director of the corporation of the receiver of 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.								
CICNATURE THE PART OF FEET OF								
SIGNATURE: SIGNATURE: SECTION OF PENTED NAME OF SIGNANG OFFICER OR DIRECTOR 1/36 0 05 (305) (91-57-70)								