

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117190

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: UNITED MORTGAGE BANKERS OF BROWARD, CORP.

**Current Principal Place of Business:**

12555 ORANGE DRIVE  
SUITE 110  
DAVIE, FL 33330 US

**New Principal Place of Business:**

12555 ORANGE DRIVE  
SUITE 110  
DAVIE, FL 33330 US

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 20-1444770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORRES, ILLIANA  
12555 ORANGE DRIVE, STE #110  
DAVIE, FL 33330 US

**Name and Address of New Registered Agent:**

TORRES, ILLIANA  
12555 ORANGE DRIVE  
SUITE #110  
DAVIE, FL 33330 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:

02/16/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TORRES, ILLIANA  
Address: 15025 NW 77TH AVE SUITE 231  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: P ( ) Delete  
Name: REY, DAMARIS  
Address: 15025 NW 77TH AVE SUITE 231  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: P (X) Delete  
Name: GONZALEZ, ODALIS  
Address: 15025 NW 77TH AVE., STE 231  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TORRES, ILLIANA  
Address: 12555 ORANGE DRIVE SUITE # 110  
City-St-Zip: DAVIE, FL 33330 US

Title: P (X) Change ( ) Addition  
Name: REY, DAMARIS  
Address: 12555 ORANGE DRIVE SUITE # 110  
City-St-Zip: DAVIE, FL 33330 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: ILLIANA TORRES

P

02/16/2005

Electronic Signature of Signing Officer or Director

Date