

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142314

FILED
Jan 11, 2005
Secretary of State

Entity Name: MOSAIC MORTGAGE SOLUTIONS, INC.

Current Principal Place of Business:

922 VILLA CIRCLE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

100 E. LINTON BLVD.
SUITE 135A
DELRAY BEACH, FL 33483

Current Mailing Address:

922 VILLA CIRCLE
BOYNTON BEACH, FL 33435

New Mailing Address:

100 E. LINTON BLVD
SUITE 135A
DELRAY BEACH, FL 33483

FEI Number: 20-1745800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PENN, VIVIAN
2620 NE 135TH STREET
SUITE #3I
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

TRABAL, MILTON D
100 E. LINTON BLVD
SUITE 135A
DELRAY BEACH, FL 33483 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: MILTON D TRABAL

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRABAL, MILTON D
Address: 922 VILLA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP () Delete
Name: PEREZ, LIZETTE
Address: 1603 BRIAR OAK DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S (X) Delete
Name: ARTHUR, TRACY
Address: 1833 S. OCEAN DR #312
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T (X) Delete
Name: KOSIOR, SUZANNE
Address: 3580 S. OCEAN BLVD. #7B
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: TRABAL, MILTON D
Address: 922 VILLA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP/S (X) Change () Addition
Name: PEREZ, LIZETTE
Address: 1603 BRIAR OAK DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

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

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: MILTON D TRABAL

P

01/11/2005

Electronic Signature of Signing Officer or Director

Date