

2008 FOR PROFIT CORPORATION ANNUAL REPORT

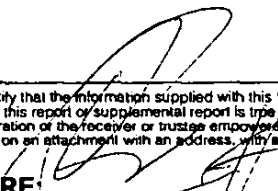
9/5/2008-90002-049-\$150.00-\$150.00

FILED

2008 OCT -9 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # PD4000142798			
1. Entity Name MISTER MORTGAGE, INC.			
Principal Place of Business 13911 SW 42ND ST MIAMI, FL 33175		Mailing Address 13911 SW 42ND ST MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 12928 SW 133 CT Suite, Apt. #, etc. Suite B City & State Miami FL		3. Mailing Address 12928 SW 133 CT Suite, Apt. #, etc. Suite B City & State Miami FL	
Zip 33186	Country USA	Zip 33186	Country USA
4. FEI Number 56-2486594		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL BUSTO, CARLOS J III 13911 SW 42ND ST MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Carlos J. del Busto III Street Address (P.O. Box Number is Not Acceptable) 12928 SW 133 CT Suite B City Miami FL Zip Code 33186	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DEL BUSTO, CARLOS J 13911 SW 42ND ST MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12928 SW 133 CT Miami FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		05T 6/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	