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 # P04000142798

1. Entity Name
MISTER MORTGAGE, INC.

Principal Place of Business	Mailing Address
13911 SW 42ND ST MIAMI, FL 33175	13911 SW 42ND ST MIAMI, FL 33175

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
12928 SW 133 Ct		12928 SW 133 Ct	
Suite, Apt. #, etc.: Suite B		Suite, Apt. #, etc.: Suite B	
City & State: Miami FL		City & State: Miami FL	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

07212008 Chg-P CR2E034 (12/06)

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	 12928 SW 133 Ct Miami FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______ Oct 6/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #