2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P04000153936 01-08-2007 90238 049 ***150.00 MANGROVE MORTGAGE GROUP, INC. Principal Place of Business Mailing Address 1500 NORTH FEDERAL HIGHWAY 1500 NORTH FEDERAL HIGHWAY SUITE 200 SUITE 200 FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc Suite, Apt, #, etc 01052007 Chg-P CR2E034 (12/06) City & State 4. FE! Number Applied For City & State 20-1854435 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOFFMAN, STEPHEN V Street Address (P.O. Box Number is Not Acceptable) 1500 NORTH FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33304 Zip Code 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 (NOTE: Reasstered Agent signature required when reinstaling) DATE Signature, typed or printed risme of registered agent and fitte it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete HILE TITLE NAME MASTRIANA, FRANK R NAME 1500 N. FEDERAL HIGHWAY, SUITE 200 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33304 Delete TITLE Change ☐ Addition TITLE NAME HOFFMAN, STEPHEN V NAME STREET ADDRESS 1500 NORTH FEDERAL HIGHWAY, SUITE 200 STREET ADDRESS FORT LAUDERDALE, FL 33304 GTY - 31 - 20 CITY-SI-7IP Change Addition TITLE ☐ Delete HILE HOFFMAN STEPHEN V. HOFFMAN, STEPHEN V NAME NAME 1500 N. FEDERAL HICHWAY STREET AUDRESS 1500 NORTH FEDERAL HIGHWAY, SUITE 200 STREET ADDRESS CLTY - CT-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33304 FORT LANGERDAGE & ☐ Change Addition Delete 1011.5 TITLE SHELTON, WILLIAM W MARAF STREET ADDRESS 1500 NORTH FEDERAL HIGHWAY, SUITE 200 STREET ADDRESS CHY-C1-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CHY- \$1-7P CITY-ST-ZIP ☐ Addition Change Defete MAR TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP 12. I hereby certify that the information supplied with this filling 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 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 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 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 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 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 supplemental report is true. of the corporation or the reachanged, or on an attachme

FILED Jan 08, 2007 8:00 am

954-566.1234