


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P05000010360 1. Entity Name EXECUTIVE MORTGAGE BANKERS, INC.	
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Principal Place of Business 2209 NORTH COMMERCE PARKWAY WESTON, FL 33326	Mailing Address 2209 NORTH COMMERCE PARKWAY WESTON, FL 33326
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2189689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HERBERT, CURTIS J
GONZALEZ & HERBERT, P.A.
2225 NORTH COMMERCE PARKWAY, SUITE 8
WESTON, FL 33326**

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IN THIS SPACE**

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: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, ANGELICA 2209 NORTH COMMERCE PARKWAY WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, GABRIEL 2209 NORTH COMMERCE PARKWAY WESTON, FL 33326
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U00000683228
04/05/07-80036-012.158.75

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:  **GABRIEL ACOSTA** **(954) 539-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #