
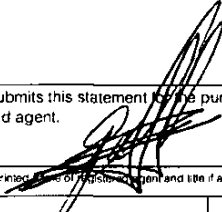
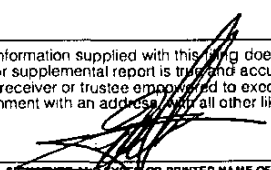


FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90009 027 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000040087		
1. Entity Name WHITE STAR MORTGAGE, INC.		
Principal Place of Business 365 W. 13TH ST. HIALEAH, FL 33010		Mailing Address 365 W. 13TH ST. HIALEAH, FL 33010
2. Principal Place of Business - No P.O. Box # 692 W 29ST		3. Mailing Address 692 W 29ST
Suite, Apt. #, etc. #8		Suite, Apt. #, etc. #8
City & State Hialeah		City & State Hialeah FL
Zip FL 33012	Country USA	Zip 33012
Country USA		4. FEI Number 20-2522776
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent RAMIREZ, GONZALO 365 W. 13TH ST. HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 692 W 29ST SUITE #8. City Hialeah FL Zip Code 33012
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: 02/25/07		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD RAMIREZ, GONZALO 365 W. 13TH ST. HIALEAH, FL 33010 SD ANTUNEZ, ELBA E 5700 W. 21 ST. AVE. HIALEAH, FL 33016		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this report 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 for all other like empowered.		
SIGNATURE:  DATE: 02/25/07		

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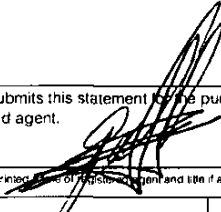


02232007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

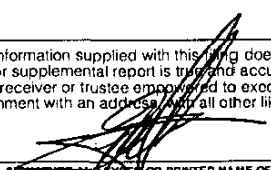
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
692 W 29ST SUITE #8.
City
Hialeah FL Zip Code
33012

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: 02/25/07

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	RAMIREZ, GONZALO		
SD	ANTUNEZ, ELBA E		

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