2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 16, 2006 8:00 am Secretary of State

DOCUMENT # P05000065754 1. Entity Name K & G EXPRESS MORTGAGE CORP						05-02-200	5 90206 ()28 ***	150.00		
Principal Place of Business 13236 SW 54 COURT MIRAMAR, FL 33027		Mailing Address 13236 SW 54 COURT MIRAMAR, FL 33027					•				
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite. Api. #, etc.	Suite. Apt. #, etc.		04272006	Chg-P	CR2E03	14 (11/05)			
City & State		City & State	City & State		4. FEI Numb	15-278°).351		oplied For		
Zip	Country Zip Cou		Coun	try	5. Certificate	e of Status Desired	П \$	8.75 Add			
S. Name and Address of Current F		nt Registered Agent	Registered Agent		7. Name an	d Address of New R					
GRANADOS, AURORA				Name							
13236 SW	54 COURT		Street Address (P.O. Box Number is Not Acceptable)								
MIRAMAR	R, FL 33027		-								
				City			FL.	Zip Cod	le		
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. It am familiar with, and accident									and accept		
the obligations of registered agent.											
SIGNATURE											
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		ND DIRECTORS	11.		ADOUTIONS	/CHANGES TO OFF	CECC AND	NOCCTOR	0.014		
IMLE	P/D	Deleta	TITLE	ρ	(-			Change	Assition		
HAME	VALDIVIA, AURORA			Ca	DANADO	S, AUROR	77	•			
STREET ADDRESS CITY-S1-ZIP				ET ADOFESS 12	52.36 S	W SY CT 12, FL 330	27		-		
TITLE	· · · · · · · · · · · · · · · · · · ·				.,,			Change	☐ Addition		
HAME	KIM, MYOUNGHO						·				
STREET ADORESS CITY-ST-ZIP				ET ADDRESS ST-ZIP							
TITLE	Deine IIIL							☐ Change	Addition		
NAME			NAME				`	•			
STREET ADDRESS CITY-ST-ZIP				et adoress -St-Zip							
TITLE		☐ Delete	TITLE				<u> </u>	Changa	Addition		
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP				et address - St-zip							
TITLE		☐ Delete	titLE					Change	Addition		
NAME CONTRACTOR			NAME								
STREET ADDRESS CITY-ST-ZIP				TI ADORESS ST-71P							
TITLE		☐ Delete	IIILE					Change	☐ Addition		
NAME CTRCT LOGGER			NAME]		
STREET ADDRESS CITY-ST-ZIP				ST-ZIP							
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 eath; 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 audress, with all other like empowered.											
SIGNATURE: A.97010256 4/27/06 305-829-7849											