

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90007 019 ***150.00

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01072008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000101746			
1. Entity Name EXQUISITE MORTGAGES, INC.			
Principal Place of Business 1680 MICHIGAN AVE STE 915 MIAMI BEACH, FL 33139		Mailing Address 661 NE 53RD STREET MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box # 4200 Royal Palm Ave		3. Mailing Address 4045 Sheridan Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #254	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33140	Country	Zip 33140	Country
4. FEI Number 90-0014224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPILL, JOY SIMON & SIMON, P.A. 9100 SOUTH DADELAND BLVD STE 504 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Joy Spill Street Address (P.O. Box Number is Not Acceptable) Simon & Simon, P.A. 9500 South Dadeland Blvd, Ste 708 City Miami FL Zip Code 33156	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPILL, TOBY L 661 NE 53 STREET MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Toby Spill 4045 Sheridan Avenue #254 Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01/07/08 305-790-7774 <small>Date Daytime Phone #</small>	