2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State 02-23-2007 90033 029 ***150.00

DOCUMENT # P0600004889					02-25-2	007 200.	020	150.00
MORTGAGE AND LOAN LINK C	ORP.	ļ						
Principal Place of Business	ace of Business Mailing Address		(1			. * .	
5787-B NW 151 ST. Miami Lakes, FL 33014	N 151 ST. 5787-B NW 151 ST.					6	6004	722
				 	 			
Principal Place of Business - No P.O. Box # 3. Mailing Address		s						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			01082007	Chg-P	CR2E0	34 (12/06)	
City & State	City & State			4. FEI Numb		953		pplied For ot Applicable
Zip Country	Zip	Coun	uy	5. Certificate	e of Status Desired		\$8.75 Ad Fee Require	ditional ed
6, Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
RUANO, JOSE A			Street Address (P.O. Box Number is Not Acceptable)					
5787-8 NW 151 ST. MIAMI LAKES, FL 33014		Street Address		(P.O. Box Numb	per is Not Acceptab	ile) 		
			Слу			FL	Zip Coo	
The above named entity submits this statement	ent for the purpose of changing its	s registere	<u> </u>	red agent, or bo	oth, in the State of F		•	
the obligations of registered agent.								
SIGNATURE: Speakurs, typed or printed name of registered	agent and tale if applicable (NOT	E Regnance	d Agent signature required	d when reinstating)		DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Foe will be \$5				.00 May Be led to Fees				
·	AND DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE PSD NAME RUANO, JOSE A	☐ Delete	HAM	I				☐ Change	Addition
STREET ADDRESS 5787-B NW 151 ST. CITY-SI-ZIP MIAMILAKES, FL 33014								
IIILE	☐ Delote	iure	I	···			☐ Change	☐ Addition
NAME STREET ADDRESS		NAM! STREE	E FT ADDRESS					
CITY-SI-AP	 		-SI-2P		_			
TITLE NAME	☐ Delete	TITLE NAME	1				☐ Change	Addition
STREET ADDRESS CITY-SI-ZIP			ET ADORESS - SI - ZIP					
TITLE	☐ Delete	FITLE					☐ Change	☐ Addition
NAME STREET ADDRESS		NAME	E Et adoress					
CITY-ST-DP			-S1-ZIP					
ITLE	☐ Delete	TITLE NAME	l l				☐ Change	Addition
STREET ADDRESS CITY-SI-7/P			EI ADORESS -SI-ZIP					
TITLE	Delete	HILE			<u>-</u>		Change	Addition
NAME STREET ADDRESS		NAME STREE	E ET ADORESS					
CITY-S1-ZIP		CITY	- S1 - ZIP					
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 supplementanteport is true and accurate and that my signature shall have the same legal effect as if made under path; 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 all address, with all other like empowered.								
SIGNATURE:	Sheamo			2/2	20/07	205	-828-0	606
SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DECK DESCRIPTION OF THE PROPERTY OF THE PROPERT								