

2007 FOR PROFIT CORPORATION ANNUAL REPORT

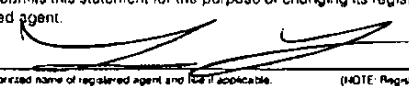
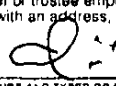
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P06000021227 1. Entity Name MK MORTGAGE INC.					
Principal Place of Business 854 NW 87 AVENUE 305 MIAMI, FL 33172			Mailing Address 854 NW 87 AVENUE 305 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 7925 NW 12 ST		3. Mailing Address 7925 NW 12 ST			
Suite, Apt. #, etc. 330		Suite, Apt. #, etc. 330			
City & State DORAL FL		City & State DORAL FL		4. FEI Number 20-5964344	
Zip 33126		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, LAZARO J ESQ. 2600 S DOUGLAS RD PH-10 CORAL GABLES., FL 33134				7. Name and Address of New Registered Agent Name LAZARO J. LOPEZ, ESQ Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12 ST City DORAL FL Zip Code 33126	
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 4-26-07 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when amending)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 STREET ADDRESS CITY - ST - ZIP	P.VP DIAZ, EVA 854 NW 87 AVENUE MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.VP/D EVA DIAZ 7925 NW 12 ST DORAL FL 33126	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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:  DATE: 4-26-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					