

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037304

FILED
May 18, 2007
Secretary of State

Entity Name: CAP ONE MORTGAGE GROUP, INC.

Current Principal Place of Business:

800 WEST CYPRESS CREEK ROAD
SUITE 220
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

333 LAS OLAS WAY
SUITE 1005
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

333 LAS OLAS WAY
SUITE 1005
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 20-4489127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARRAGA, MICHAEL
333 LAS OLAS WAY
SUITE 1005
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZARRAGA, MICHAEL
Address: 333 LAS OLAS WAY, SUITE 1005
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ZARRAGA

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05/18/2007

Electronic Signature of Signing Officer or Director

_____ Date