

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046871

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: STATEWIDE MORTGAGE PROCESSING, INC

## Current Principal Place of Business:

580 EAST 51ST STREET  
HIALEAH, FL 33013 US

## New Principal Place of Business:

1790 WEST 49 STREET  
308  
HIALEAH, FL 33012 US

## Current Mailing Address:

580 EAST 51ST STREET  
HIALEAH, FL 33013 US

## New Mailing Address:

17165 SW 49 PLACE  
MIRAMAR, FL 33027 US

FEI Number: 20-4608506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABELLA, MADELEINE  
580 EAST 51 STREET  
HIALEAH, FL 33013 US

## Name and Address of New Registered Agent:

ABELLA, MADELEINE  
17165 SW 49 PLACE  
MIRAMAR, FL 33027 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ABELLA, MADELEINE  
Address: 580 EAST 51ST STREET  
City-St-Zip: HIALEAH, FL 33013 US

Title: VP ( ) Delete  
Name: ABELLA, MINETTE  
Address: 580 EAST 51ST STREET  
City-St-Zip: HIALEAH, FL 33013 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ABELLA, MADELEINE  
Address: 17165 SW 49 PLACE  
City-St-Zip: MIRAMAR, FL 33027 US

Title: VP (X) Change ( ) Addition  
Name: ABELLA, MINETTE  
Address: 17165 SW 49 PLACE  
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MINETTE ABELLA

VP

04/26/2007

Electronic Signature of Signing Officer or Director

Date