


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90020 021 ***150.00

DOCUMENT # P07000035060	
1. Entity Name GREAT MORTGAGE GROUP INC.	

Principal Place of Business 15622 SW 59 ST MIAMI, FL 33193	Mailing Address 15622 SW 59 ST MIAMI, FL 33193
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40010006



2. Principal Place of Business - No P.O. Box # 12905 SW 42 ST.	3. Mailing Address 12905 SW 42 ST
Suite, Apt. #, etc. #111	Suite, Apt. #, etc. #111

01142008 Chg-P CR2E034 (12/06)

City & State Miami FL	City & State Miami FL
Zip 33175	Zip 33175
Country Miami Dade	Country Miami Dade

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, TANIA E 15622 SW 59 ST MIAMI, FL 33193	7. Name and Address of New Registered Agent Name Garcia, Yackeline Street Address (P.O. Box Number is Not Acceptable) 15622 SW 59 ST. City Miami FL Zip Code 33193
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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 Uffe Signature, typed or printed name of registered agent and title if applicable.	DATE 11/16/08 (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, YACKELINE 15622 SW 59 ST MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Uffe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	president. Date	11/16/08 Daytime Phone #
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