

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063422

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: MORTGAGE MODIFICATION CLINIC OF AMERICA INC.

## Current Principal Place of Business:

6300 MANOR LANE  
202  
SOUTH MIAMI, FL 33143

## New Principal Place of Business:

825 BRICKELL BAY DRIVE #1751  
1715  
MIAMI, FL 33133

## Current Mailing Address:

6300 MANOR LANE  
202  
SOUTH MIAMI, FL 33143

## New Mailing Address:

825 BRICKELL BAY DRIVE #1751  
1715  
MIAMI, FL 33133

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RUDD, AUBREY  
6330 MANOR LANE  
202  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

RUDD, AUBREY  
825 BRICKELL BAY DRIVE  
1751  
MIAMI, FL 33133 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:

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUDD, AUBREY  
Address: 6330 MANOR LANE  
City-St-Zip: MIAMI, FL 33143 US

Title: VP ( ) Delete  
Name: CAPIRO, JORGE  
Address: 6330 MANOR LN  
City-St-Zip: MIAMI, FL 33143 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RUDD, AUBREY  
Address: 825 BRICKELL BAY DRIVE #1751  
City-St-Zip: MIAMI, FL 33133 US

Title: VP (X) Change ( ) Addition  
Name: CAPIRO, JORGE  
Address: 825 BRICKELL BAY DRIVE #1751  
City-St-Zip: MIAMI, FL 33133 US

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: AUBREY RUDD

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date