


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000033808</b>	
1. Entity Name <b>PAY LESS MORTGAGE CORPORATION</b>	

Principal Place of Business <b>419 WEST 49TH STREET 103 HIALEAH, FL 33012 US</b>	Mailing Address <b>419 WEST 49TH STREET 103 HIALEAH, FL 33012 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**

04062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0722057**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**SANCHEZ, EDWARD VP  
419 WEST 49TH STREET  
103  
HIALEAH, FL 33012**

**DO NOT WRITE  
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **4-5-05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, MERCEDES S 419 W. 49 ST., STE 103 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANCHEZ, EDWARD 419 W. 49 ST., STE 103 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000298322  
04/11/05-80062-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  (NOTE: Signature and typed or printed name of signing officer or director) DATE: **4-5-05** Daytime Phone #