## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P94000033808 PAY LESS MORTGAGE CORPORATION

Principal Place of Business

419 WEST 49TH STREET

103

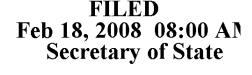
HIALEAH, FL 33012 US

Mailing Address

419 WEST 49TH STREET

103

HIALEAH, FL 33012 US





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02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0722057

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SANCHEZ, EDWARD VP 419 WEST 49TH STREET 103

SIGNATURE

10.

DO NOT WRITE IN THIS SPACE HIALEAH, FL 33012

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.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

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

OFFICERS AND DIRECTORS

DATE

DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

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: =

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

