

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90024 029 \*\*\*150.00

DOCUMENT # P96000059947

1. Entity Name  
THE MORTGAGE GROUP OF AVENTURA, INC.



Principal Place of Business  
P.O. BOX 630846  
MIAMI, FL 33163

Mailing Address  
P.O. BOX 630846  
MIAMI, FL 33163

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0683932

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINBERG, STEPHEN B  
~~20109 NE 10TH PLACE~~  
~~MIAMI, FL 33170~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3575 NE 207TH ST, B-5

City

AVENTURA

FL

Zip Code

33180

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

*Stephen B. Feinberg*

STEPHEN B. FEINBERG

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
FEINBERG, STEPHEN B  
STREET ADDRESS  
CITY - ST - ZIP  
~~20109 NE 10TH PLACE~~  
~~MIAMI, FL 33170~~

☐ Delete

TITLE  
NAME  
3575 NE 207TH ST, B-5  
STREET ADDRESS  
CITY - ST - ZIP  
AVENTURA, FL 33180

☒ Change ☐ Addition

TITLE  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN B. FEINBERG

4/1/08

Date

Daytime Phone #