

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90267 032 ***158.75

DOCUMENT # P96000091980	
1. Entity Name MORTGAGE CITY U.S.A., INC.	

Principal Place of Business 1665 SW 67TH AVE. MIAMI, FL 33155	Mailing Address 1665 SW 67TH AVE. MIAMI, FL 33155
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14010169



2. Principal Place of Business 1671 SW 67 AVENUE Suite, Apt. #, etc.	3. Mailing Address 1671 SW 67 AVENUE Suite, Apt. #, etc.
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04222005 Chg-P CR2E034 (10/03)

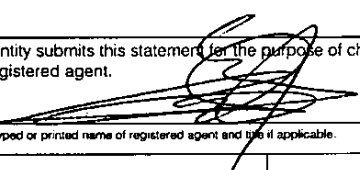
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33155	Country MIAMI DADE
Zip 33155	Country MIAMI DADE

4. FEI Number 65-0707153	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KASSAB, EDWARD 1665 SW 67TH AVE. MIAMI, FL 33155

7. Name and Address of New Registered Agent Name: EDWARD KASSAB Street Address (P.O. Box Number is Not Acceptable): 1671 SW 67 AVENUE City: MIAMI FL Zip Code: 33155

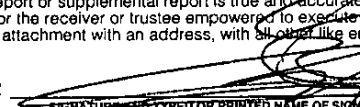
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  EDWARD KASSAB Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 4/24/05

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
KASSAB, EDWARD 3616 PONCE DE LEON BLVD CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  EDWARD KASSAB SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/24/05 Daytime Phone #: 305-262-2265
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