

ANNUAL REPORT

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DOCUMENT # P96000101530

1. Entity Name

MORTGAGE PLUS GROUP INC.



Principal Place of Business

3505 SO. OCEAN DR.

3-B

HOLLYWOOD, FL 33019 US

Mailing Address

3505 SO. OCEAN DR.

3-B

HOLLYWOOD, FL 33019 US



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0713434

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTEVEZ, AIDA
3505 SOUTH OCEAN DRIVE STE 3A
HOLLYWOOD, FL 33019

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:

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, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPS
ESTEVEZ, AIDA
3505 SOUTH OCEAN DRIVE 3A
HOLLYWOOD, FL 33019TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPS
OJEDA, JOSSIE
3505 SOUTH OCEAN DRIVE 3A
HOLLYWOOD, FL 33019TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVPD
ESTEVEZ, ULISES
3505 SOUTH OCEAN DRIVE 3A
HOLLYWOOD, FL 33019TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPUN0000380829
01/11/06-80029-015 150.00

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

Date

Daytime Phone ()