

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057479

FILED
Feb 21, 2008
Secretary of State

Entity Name: UNITED MORTGAGE BANKERS, INC.

Current Principal Place of Business:

440 SAWGRASS CORPORATE PARKWAY
SUITE 108
SUNRISE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

440 SAWGRASS CORPORATE PARKWAY
SUITE 108
SUNRISE, FL 33325 US

New Mailing Address:

FEI Number: 65-0764214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED TEAM GROUP
440 SAWGRASS CORPORATE PARKWAY
SUITE 108
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: LASCURAIN, EUGENIO
Address: 440 SAWGRASS CORP PARKWAY #108
City-St-Zip: SUNRISE, FL 33325

Title: VPB () Delete
Name: SALGES, ROGELIO
Address: 13051 SW 29TH COURT
City-St-Zip: DAVIE, FL 33320

Title: VPS () Delete
Name: FIGUEREDO, RAFAEL
Address: 641 NANDINA DR.
City-St-Zip: WESTON, FL 33327

Title: D (X) Delete
Name: ANGULO, FRANCISCO
Address: 2625 EXECUTIVE PARK DR #5
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: GILMOND, EVELIO
Address: 1443 CAPRI LANE # 5908
City-St-Zip: WESTON, FL 33326

Title: VPO (X) Delete
Name: RUBIO, ALICIA
Address: 440 SAWGRASS CORP PARKWAY #108
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: ANGULO, FRANCISCO
Address: 2625 EXECUTIVE PARK DRIVE SUITE 5
City-St-Zip: WESTON, FL 33331 US

Title: D (X) Change () Addition
Name: FIGUEREDO, RAFAEL
Address: 641 NANDINA DR.
City-St-Zip: WESTON, FL 33327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENIO LASCURAIN

CEOP

02/21/2008

Electronic Signature of Signing Officer or Director

_____ Date