

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000074106

FILED
Sep 12, 2003
Secretary of State

Entity Name: MORTGAGE PLUS INVESTMENT, INC.

Current Principal Place of Business:

9745 S.W. 72 STREET, #106
MIAMI, FL 33173 US

New Principal Place of Business:

8770 SW 72 STREET
SUITE #216
MIAMI, FL 33173 US

Current Mailing Address:

9745 S.W. 72 STREET, #106
MIAMI, FL 33173 US

New Mailing Address:

8770 SW 72 STREET
SUITE #216
MIAMI, FL 33173 US

FEI Number: 65-0776279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, ANNA M
9745 S.W. 72 STREET, #106
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

RIVAS, ANNA M
8770 SW 72 STREET
SUITE #216
MIAMI, FL 33173 US

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: ANNA M. RIVAS

09/12/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVAS, ANNA
Address: 9745 S.W. 72 STREET, #106
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change () Addition
Name: RIVAS, ANNA
Address: 8770 SW 72 STREET, SUITE #216
City-St-Zip: MIAMI, FL 33173 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANNA M. RIVAS

MRS

09/12/2003

Electronic Signature of Signing Officer or Director

Date