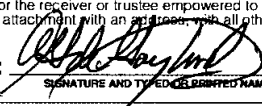


DOCUMENT # P98000016107			
1. Entity Name GEORGETOWN MORTGAGE COMPANY			
Principal Place of Business 1550 MADRUGA AVE SUITE 403 CORAL GABLES, FL 33135-2407		Mailing Address 1550 MADRUGA AVE SUITE 403 CORAL GABLES, FL 33135-2407	
2. Principal Place of Business 1550 Madruga Ave		3. Mailing Address Same	
Suite, Apt. #, etc. # 403		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State	
Zip 33146-3019	Country Miami-Dade	Zip	Country
4. FEI Number 65-0828822		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE GOYTISOLO, AGUSTIN 600 BILTMORE WAY #1205 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE GOYTISOLO, AGUSTIN G 1550 TARAGADNA DR CORAL GABLES, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD De Goytisol, Agustin A. 1550 Taragona Drive Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE GOYTISOLO, AGUSTIN 600 BILTMORE WAY #1205 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: 		8-19-04 (305) 668-7037	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000016107 1. Entity Name GEORGETOWN MORTGAGE COMPANY			
Principal Place of Business 1550 MADRUGA AVE SUITE 403 CORAL GABLES, FL 33136-2407		Mailing Address 1223 4TH ST SUITE 207 MIAMI, FL 33135-2407	
2. Principal Place of Business 1550 Madruga Avenue Suite, Apt. #, etc. Suite 403 City & State Coral Gables, FL Zip 33146		3. Mailing Address 1550 Madruga Avenue Suite, Apt. #, etc. Suite 403 City & State Coral Gables, FL Zip 33146	
Country USA		Country USA	
4. FEI Number 85-0828822		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE GOYTISOLO, AGUSTIN 600 BILTMORE WAY #1205 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 (applicable) (NOTE: Registered Agent's signature required when submitting)			
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 STREET ADDRESS CITY-ST-ZIP	PTD DE GOYTISOLO, AGUSTIN G ☐ Delete 1650 TARAGADNA DR CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE GOYTISOLO, AGUSTIN G ☐ Delete 600 BILTMORE WAY #1205 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE Goytisoló, Agustín ☒ Change ☐ Addition 600 Biltmore Way #1205 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(1), 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, in a business, with all other like empowered.			
SIGNATURE:		4-29-03 305-668-7037.	

CR25034 (10/02)