## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000061719

Entity Name: MORTGAGE CAPITAL & CONSULTING GROUP, INC.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of	Business:	
6820 LYONS TECHNOLO SUITE 150				
COCONUT CREEK, FL	33073			
Current Mailing Address:		New Mailing Address:		
6820 LYONS TECHNOLO SUITE 150	OGY CIRCLE			
COCONUT CREEK, FL	33073			
FEI Number: 91-1900917	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
GONZALEZ, LUIS 6820 LYONS TECHNOLO SUITE 150 COCONUT CREEK, FL				
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its registered o	iffice or registered agent, or both,	
SIGNATURE:				
Electron	ic Signature of Registered Age	nt	Date	
Election Campaign Financing	Trust Fund Contribution ( ).			

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: PSTD (X) Change ( ) Addition

Name: GONZALEZ, LUIS Name: GONZALEZ, LUIS

Address: 6810 LYONS TECHNOLOGY CIRCLE Address: 6820 LYONS TECHNOLOGY CIRCLE, SUITE 150

City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073

Title: OFFI ( ) Delete Title: V (X) Change ( ) Addition

Name: MURIEL, JAIME Name: MURIEL, JAIME

Address: 6810 LYONS TECHNOLOGY CIRCLE Address: 6820 LYONS TECHNOLOGY CIRCLE, SUITE 150

City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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: JAIME MURIEL V 01/16/2007