
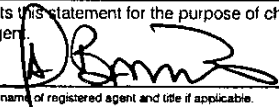
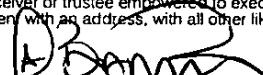


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000066067</b> 1. Entity Name <b>PRESTIGE MORTGAGE PROVIDERS, INC.</b>																																																																																																														
Principal Place of Business <b>1920 E HALLANDALE BCH BLVD STE 640 HALLANDALE, FL 33009</b>		Mailing Address <b>1920 E HALLANDALE BCH BLVD STE 640 HALLANDALE, FL 33009</b>																																																																																																												
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Suite, Apt. #, etc. <b>STE. 600-A</b>		Suite, Apt. #, etc. <b>STE. 600A</b>																																																																																																												
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Country <b>U.S.A</b>		4. FEI Number <b>65-0854303</b>																																																																																																												
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																												
6. Name and Address of Current Registered Agent <b>BARRIOS, JORGE A 1951 NE 185 TERR. N. MIAMI BEACH, FL 33179</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>1/13/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																														
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 70%;">PD BARRIOS, JORGE A</td><td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>1920 E HALLANDALE BCH BLVD. STE #640</td><td></td></tr><tr><td>STREET ADDRESS</td><td>HALLANDALE BCH, FL 33009</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>SD</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BARRIOS, ZONIA G</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1920 E HALLANDALE BCH BLVD. STE #640</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>HALLANDALE BCH, FL 33009</td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	PD BARRIOS, JORGE A	<input type="checkbox"/> Delete	NAME	1920 E HALLANDALE BCH BLVD. STE #640		STREET ADDRESS	HALLANDALE BCH, FL 33009		CITY-ST-ZIP			TITLE	SD	<input type="checkbox"/> Delete	NAME	BARRIOS, ZONIA G		STREET ADDRESS	1920 E HALLANDALE BCH BLVD. STE #640		CITY-ST-ZIP	HALLANDALE BCH, FL 33009		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 70%;"></td><td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  DATE <b>1/13/05</b> (954) 454-8400																																																																																																														