

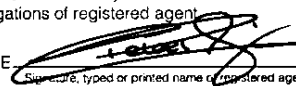
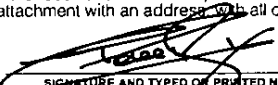


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90215 004 ***150.00

DOCUMENT # P98000071354 1. Entity Name PROPERTY MORTGAGE CORP.					
Principal Place of Business 9600 SW 8TH ST. STE. #25 MIAMI, FL 33174			Mailing Address 9600 SW 8TH ST. STE. #25 MIAMI, FL 33174		
2. Principal Place of Business 9600 SW 8 ST Suite, Apt. #, etc. # 8 City & State MIAMI, FL Zip 33174		3. Mailing Address 9600 SW 8 ST Suite, Apt. #, etc. # 8 City & State MIAMI, FL Zip 33174			
4. FEI Number 65-0860037		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ROBERT W. ESQ. 2121 PONCE DE LEON BLVD. STE 1035 MIAMI, FL 33134			7. Name and Address of New Registered Agent Name RENE PUIG Street Address (P.O. Box Number is Not Acceptable) 9600 SW 8 ST Ste 8 City MIAMI FL Zip Code 33174		
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  RENE PUIG, CEO DATE 4/23/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VT PUIG, SILVIA 9600 SW 8TH ST. STE. #25 MIAMI, FL 33174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PUIG, RENE 9600 SW 8TH ST. STE. #25 MIAMI, FL 33174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		RENE PUIG, CEO		Date 4/23/2006	Daytime Phone # (305) 225-6161