

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-26-2004 90026 024 ***150.00
P.L. P99000003650

DOCUMENT # P99000003650

1. Entity Name

MORTGAGE LOANS BANK, INC.



04 MAR -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

94020011



MOORE CR2E034 (11/03)

Principal Place of Business

7325 WEST FLAGLER STREET
MIAMI FL 33144

Mailing Address

7325 WEST FLAGLER STREET
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0891676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ-ROIG, ADOLFO
7325 WEST FLAGLER STREET
MIAMI FL 33144

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 if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 D ☐ Delete
NAME RODRIGUEZ-ROIG, ADOLFO
STREET ADDRESS 7325 W. FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33144

TITLE Vice President ☐ Change ☒ Addition
NAME Diane Govea
STREET ADDRESS 207 Airport Road South
CITY-ST-ZIP Naples, FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition
NAME Jose H. Puente
STREET ADDRESS 5425 SemoranVBlvd South # 1-b
CITY-ST-ZIP Orlando, FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Adolfo Rodriguez-Roig 02/20/04 (305) 264-8000