


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000003650	
1. Entity Name MORTGAGE LOANS BANK, INC.	

Principal Place of Business 7325 WEST FLAGLER STREET MIAMI, FL 33144	Mailing Address 7325 WEST FLAGLER STREET MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0891676	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-ROIG, ADOLFO
7325 WEST FLAGLER STREET
MIAMI, FL 33144**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ-ROIG, ADOLFO 7325 W. FLAGLER ST. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOVEA, DIANE 207 AIRPORT ROAD SOUTH NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUENTE, JOSE H 5425 SEMORAN BLVD SOUTH #1-B ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/05-80070-014 150.00

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IN THIS SPACE**

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 a signature, with all other like empowered.

SIGNATURE: Adolfo Rodriguez Roig 1/21/05 (05) 264.8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #