## 2007 FOR PROFIT CORPORATION • ANNUAL REPORT

## Jan 17, 2007 08:00 AM Secretary of State DOCUMENT # P99000020945 CAPITAL BANKERS MORTGAGE CORPORATION Principal Place of Business Mailing Address 7200 NW 7TH STREET 7200 NW 7TH STREET SUITE 100 MIAMI, FL 33126 SUITE 100 MIAMI, FL 33126 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1013203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, RODOLFO DO NOT WRITE 7200 NW 7TH STREET **SUITE 100** IN THIS SPACE MIAMI, FL 33126 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 egent and title (NOTE: Registered Agent signature required when reinstating) 1/000000588504 Election Campaign Financing \$5.00 May Be. FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees 01/17/07-80074-019 150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME RODRIGUEZ, RODOLFO A 7200 NW 7TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with am-address. Man all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

KODOLFO RODRIGO

1/11/2007

305-951-492

**FILED** 

Daytime Phone #