2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P9900036626 1. Entity Name 04-18-2005 90278 005 ***150.00 MORTGAGE MASTERS LOAN CORP. Mailing Address Principal Place of Business 4800 NW 2ND AVE 4800 NW 2ND AVE #5 BOCA RATON FL 33431 #5 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address As Above Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) As About Applied For City & State 4. FEI Number City & State 65-0913063 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPECTOR, STEVEN Street Address (P.O. Box Number is Not Acceptable) 4800 NW 2ND AVE STE 5 BOCA RATON FL 33431 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition Delete TITLE TITLE STEVEN SPECTOR SPECTOR, STEVEN NAME NAME HOOON DE AVE BOCO ROTON FE 33431 STREET ADDRESS 1151 S.W. 4TH AVENUE, STREET ADDRESS **BOCA RATON FL 33432** CITY-S1-7(P CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 application of the corporation of the receiver or trustee empowered.

FILED

STEVENNSPECTOR ST. 9988208