


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90278 005 ***150.00

DOCUMENT # P99000036626			
1. Entity Name MORTGAGE MASTERS LOAN CORP.			
Principal Place of Business 4800 NW 2ND AVE #5 BOCA RATON FL 33431		Mailing Address 4800 NW 2ND AVE #5 BOCA RATON FL 33431	
2. Principal Place of Business		3. Mailing Address <i>As Above</i>	
Suite, Apt. #, etc. <i>As Above</i>		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country <i>1</i>	Zip	Country
6. Name and Address of Current Registered Agent SPECTOR, STEVEN 4800 NW 2ND AVE STE 5 BOCA RATON FL 33431		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 PS NAME SPECTOR, STEVEN STREET ADDRESS 1151 S.W. 4TH AVENUE, CITY-ST-ZIP BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE PS NAME STEVEN SPECTOR STREET ADDRESS 4800 NW 2ND AVE CITY-ST-ZIP BOCA RATON FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN SPECTOR 561 998 8208