2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2005 08:00 AM Secretary of State **DOCUMENT # P99000064437** PASCHAL MORTGAGE CORPORATION Principal Place of Business Mailing Address 15321 SOUTH DIXIE HIGHWAY 15321 SOUTH DIXIE HIGHWAY SUITE 205 SUITE 205 MIAMI, FL 33157 MIAMI, FL 33157 02282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0936247 Not Applicable \$8,75 Additional 5. Certiflcate of Status Desired 6. Name and Address of Current Registered Agent PASCHAL, VERONA DO NOT WRITE 15321 SOUTH DIXIE HIGHWAY **SUITE 205** IN THIS SPACE MIAMI, FL 33157 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 of printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when refrestating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ח TITLE PASCHAL, VERONA NAME 15321 SOUTH DIXIE HIGHWAY, SUITE 205 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 __U00000257663 03/10/05-80010-012 150.m TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information indicated on this report or supplemental seports trop 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 flustee 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, and all other like empowered.

SIGNATURE

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED