2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000064437

1. Entity Name

PASCHAL MORTGAGE CORPORATION



Principal Place of Business Mailing Address

15321 SOUTH DIXIE HIGHWAY SUITE 205

MIAMI, FL 33157

Mailing Address 15321 SOUTH DIXIE HIGHWAY SUITE 205 MIAMI, FL 33157 FILED Jan 31, 2007 08:00 AM Secretary of State

CR2E034 (11/05)



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

	• •
4. FEI Number 65-0936247	Applied For
	Not Applicable

PASCHAL, VERONA 15321 SOUTH DIXIE HIGHWAY SUITE 205 MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

No Chg-P

01222007

		<u></u>	1.			
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 agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OATE						
Fill After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCHAL, VERONA 15321 SOUTH DIXIE HIGHWAY, SUI MIAMI, FL 33157	ΓE 205			U00000614025 U2/06/07-80009-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied not all reports true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the reactive for trustee angular this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or an attachment with an address with all other like empowered.						

THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR