

DOCUMENT # P99000071392

1. Entity Name

THE MORTGAGES R'US NETWORK, INC.

May 03,
Secre

Principal Place of Business

9764 S.W. 24 STREET
MIAMI, FL 33165

Mailing Address

9764 S.W. 24 STREET
MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

05022006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0276110

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABAD, RITA
9764 S.W. 24 STREET
MIAMI, FL 33165DO NOT WRITE
IN THIS SPACE

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)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

 9. Election Campaign Financing
 Trust Fund Contribution. ☐
\$5.00 May Be
 Added to Fees

 In accordance with s. 607.193(2)(b), F.S., the
 corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ABAD, RITA
STREET ADDRESS	9004 S.W. 56TH ST.
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	PD
NAME	AYALA, MARTA A
STREET ADDRESS	3629 N.W. 101ST ST.
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

 U00000561984
 05/13/06-80035-022 150.00
DO NOT WRITE
IN THIS SPACE

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RITA ABAD J.D.

05/02/06

305-559-4341

Date

Daytime Phone #