


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M33538 1. Entity Name INTEGRITY MORTGAGE CORP.	
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Principal Place of Business 782 NW 42 AVE. 428-A MIAMI, FL 33126-5536 US	Mailing Address 782 NW 42 AVE 428-A MIAMI, FL 33126-5536 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2682641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARRILLO, PEDRO L.
782 NW 42ND AVE
MIAMI, FL 33126**

DO 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

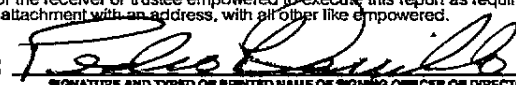
9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRILLO, PEDRO L. 782 N.W. 42 AVE., #428-A MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRILLO, PEDRO L. JR 520 PINECREST DRIVE MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRILLO, MARIA E. 520 PINECREST DRIVE MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARRILLO, ALBERT A. 520 PINECREST DRIVE MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/19/04-80037-009 150.00

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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 address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____