04/27/2004 13:56 0000000000

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May 20, 2004 8:00 am
Secretary of State

04-28-2004 90254 017 ***150.00

4/28

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000070478

1. Entity Name
AMERICAN MORTGAGE SOLUTIONS OF FLORIDA CORP.

Principal Place of Business	Mailing Address
~~633 NE 167 ST #1023 NORTH MIAMI BEACH, FL 33169~~	~~1451 W CYPRESS CREEK RD SUITE 300 FT LAUDERDALE, FL 33309~~
2. Principal Place of Business: 4671 SW 128 AV	3. Mailing Address: 4671 SW 128 AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTHWEST RANCHES	City & State: SOUTH WEST RANCHES
Zip: 33330 Country: Broward	Zip: 33330 Country: BROWARD

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04272004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1025842 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DE LA PARTE, NICOLAS
1451 W CYPRESS CREEK RD
SUITE 300
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
Name: Nicolas de La Parte
Street Address (P.O. Box Number is Not Acceptable): 4671 SW 128 AV
City: SOUTHWEST RANCHES FL Zip Code: 33330

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: X [signature] Pres. 5/11/04
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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	☐ Delete	TITLE	PTSD	☒ Change ☐ Addition
NAME	DE LA PARTE, NICOLAS		NAME	DE LA PARTE, NICOLAS	
STREET ADDRESS	~~633 NE 167 ST #123~~		STREET ADDRESS	4671 SW 128 AV	
CITY-ST-ZIP	~~NORTH MIAMI BEACH, FL 33169~~		CITY-ST-ZIP	SOUTHWEST RANCHES, Fl 33330	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] Pres 5/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #