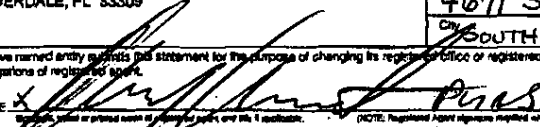
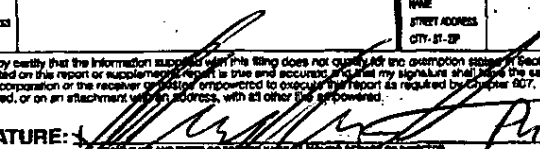


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/28

FILED
May 20, 2004 8:00 am
Secretary of State

04-28-2004 90254 017 ***150.00

DOCUMENT # P0000070478			
1. Entry Name AMERICAN MORTGAGE SOLUTIONS OF FLORIDA CORP.			
Principal Place of Business 633 NE 167 ST #1023 NORTH MIAMI BEACH, FL 33169		Mailing Address 1451 W CYPRESS CREEK RD SUITE 300 FT LAUDERDALE, FL 33309	
2. Principal Place of Business 4671 SW 128 AV Subs. Apr. 8, etc.		3. Mailing Address 4671 SW 128 AV Subs. Apr. 8, etc.	
City & State SOUTHWEST RANCHES		City & State SOUTHWEST RANCHES	
Zip 33330	Country Broward	Zip 33330	Country Broward
4. FEI Number 85-1025842		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 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 entry is/are the 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 		DATE 5/11/04	
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PTSD	☐ Delete	
NAME	DE LA PARTE, NICOLAS		
STREET ADDRESS	633 NE 167 ST #1023		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTSD	☒ Change ☐ Addition	
NAME	DE LA PARTE, NICOLAS		
STREET ADDRESS	4671 SW 128 AV		
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not contain any false or misleading information. I further certify that the information indicated on this report or supplementary 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 lines as provided.			
SIGNATURE: 		DATE 5/11/04	