



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

|   |                                 |   |   |
|---|---------------------------------|---|---|
| <b>DOCUMENT # P01000009858</b>  |                                 |                                    |   |
| 1. Entity Name<br><b>MORTGAGE MART USA, INC.</b>  |                                 |   |   |
| Principal Place of Business<br>POST OFFICE BOX 07186<br>FORT MYERS FL 33919   |                                 | Mailing Address<br>POST OFFICE BOX 07186<br>FORT MYERS FL 33919   |   |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |   |
| City & State  |                                 | City & State  |   |
| Zip   | Country                         | Zip   | Country   |
| 4. FEI Number <b>65-1074658</b>   |                                 | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b>  |                                 | <b>7. Name and Address of New Registered Agent</b>  |   |
| <b>LUTKOFF, ANDREW</b><br><b>9400 GLADIOLUS DR #100</b><br><b>FT MYERS FL 33908</b>   |                                 | Name  |   |
|   |                                 | Street Address (P.O. Box Number is Not Acceptable)  |   |
|   |                                 | City  | FL Zip Code   |
| 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   |                                 | DATE  |   |
| <small>Signature, typed or printed name of registered agent and title if applicable</small>   |                                 | <small>(NOTE: Registered Agent signature is required when reinstating)</small>                                      |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | LUTKOFF, ANDREW                 | NAME  |   |
| STREET ADDRESS  | PO BOX 07186                    | STREET ADDRESS  |   |
| CITY-ST-ZIP   | FORT MYERS FL 33919             | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | LEFKOWITZ, JUDITH               | NAME  |   |
| STREET ADDRESS  | POST OFFICE BOX 07186           | STREET ADDRESS  |   |
| CITY-ST-ZIP   | FORT MYERS FL 33919             | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   |                                 | 2/3/05 239415466  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 | <small>Date Daytime Phone #</small>   |   |



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 02/08/05-80074-016 1507.00