


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90296 035 \*\*\*150.00

**DOCUMENT # P01000091814**

1. Entity Name  
**COLLAZO & ASSOCIATES MORTGAGE SERVICES, INC.**



Principal Place of Business      Mailing Address

10689 N. KENDALL DRIVE      5121 SW 154TH PL  
 SUITE 215      MIAMI, FL 33185  
 MIAMI, FL 33176

24061766



2. Principal Place of Business      3. Mailing Address

**4560 SW 156 PLACE**      **4560 SW 156 PLACE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04142004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-1139160**      Not Applicable

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

City & State      City & State

**MIAMI, FLORIDA**      **MIAMI, FLORIDA**

Zip      Country      Zip      Country

**33185**      **FLORIDA**      **33185**      **FLORIDA**

**6. Name and Address of Current Registered Agent**

**COLLAZO, JORGE P**  
**5121 SW 154TH PL**  
**MIAMI, FL 33185**

**7. Name and Address of New Registered Agent**

Name **COLLAZO, JORGE P**

Street Address (P.O. Box Numbers Not Applicable)  
**4560 SW 156 PLACE**

City **MIAMI**      FL **33185**

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)

Signature, typed or printed name of registered agent and title if applicable.      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**

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLAZO, JORGE P	
STREET ADDRESS	5121 SW 154TH PL	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLAZO, JORGE P	
STREET ADDRESS	4560 SW 156 PLACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: \_\_\_\_\_      Date **4-27-2004**      Daytime Phone # **(305) 968-8597**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR