


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90030 023 ***150.00

DOCUMENT # P02000097680			
1. Entity Name 1 FLORIDA MORTGAGE, INC.			
Principal Place of Business 6175 N.W 167TH STREET SUITE # G-8 MIAMI FL 33015		Mailing Address 18246 MEDITERRANEAN BLV. SUITE # 1002 MIAMI FL 33015	
2. Principal Place of Business		3. Mailing Address 6175 N.W 167TH	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE # G-8	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33015		33015	USA



MOORE CR2E034 (11/03)

4. FEI Number 13-4210342		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent GONZALEZ, ENRIQUE H 18246 MEDITERRANEAN BLV. SUITE # 1002 MIAMI FL 33015		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 6129 N-W 176 TE. City MIAMI FL Zip Code 33015	
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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 *E. Gonzalez* DATE 03-08-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, ENRIQUE H		NAME SAME	Address
STREET ADDRESS 18246 MEDITERRANEAN BLV. SUITE # 1002		STREET ADDRESS 6129 N.W 176 Te.	
CITY-ST-ZIP MIAMI FL 33015		CITY-ST-ZIP MIAMI, FL, 33015.	
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)(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: *E. Gonzalez* DATE 03-08-04 301-828-2711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #