

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P02000103761

1. Entity Name  
 SIGNATURE MORTGAGE SERVICES, CORP.



Principal Place of Business  
 6600 COWPEN RD #220  
 MIAMI LAKES, FL 33014

Mailing Address  
 6600 COWPEN RD #220  
 MIAMI LAKES, FL 33014



2. Principal Place of Business

3. Mailing Address

Suite, Apt # etc

Suite, Apt # etc

04232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
 82-0565839

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARIAS, ALFREDO A  
 335 NW 165 AVE.  
 PEMBROKE PINES, FL 33028

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when "and/or")

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	VSD	<input type="checkbox"/> Delete
NAME	ARIAS, ALFREDO A	
STREET ADDRESS	335 NW 165 AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	PICALLO, LAZARO	
STREET ADDRESS	12785 SW 22 STREET	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000142205  
 04/30/04-20041-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 or the corporation or the not done or trustee empowered by law with this regard 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: Alfredo A. Arias VP 4/23/04 (905) 362-9515