

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90251 011 ***150.00

DOCUMENT # P96000003536

1. Entity Name
SUNCOAST MORTGAGE BANKERS, INC.



Principal Place of Business

**5900 SW 73 ST.
STE. 301
MIAMI, FL 33143 US**

Mailing Address

**5900 SW 73 ST.
STE. 301
MIAMI, FL 33143 US**

44044540



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0627399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BALDACCINI, DONALD R
5900 SW 73 ST
STE 301
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 DPT
NAME BALDACCINI, DONALD R
STREET ADDRESS 5900 SW 73 ST STE 301
CITY-ST-ZIP MIAMI, FL 33143

TITLE DVS
NAME AMARO-BALDACCINI, IVETTE
STREET ADDRESS 5900 SW 73 ST STE 301
CITY-ST-ZIP MIAMI, FL 33143

TITLE V
NAME MAGGIE, BENJAMIN
STREET ADDRESS 5900 SW 73 ST STE 301
CITY-ST-ZIP MIAMI, FL 33143

TITLE VP
NAME VIVIAN GOSS
STREET ADDRESS 5900 SW 73 ST STE 301
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 supplement 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 my address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☒

Date

☒

Daytime Phone #