


2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-25-2004 90028 036 ***150.00
 FILE P97000021371

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000021371
 1. Entity Name
 ALL AMERICAN MORTGAGE BANK, INC.



Principal Place of Business 1876 N UNIVERSITY DR 308-G SUNRISE, FL 33322	Mailing Address 1876 N UNIVERSITY DR 308-G SUNRISE, FL 33322
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0735400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLLETTI, JOSEPH R
 3550 BISCAYNE BLVD.
 SUITE 610
 MIAMI, FL 33137

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 _____ DATE _____
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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HUSSAIN, TARIQ 1876 N UNIVERSITY DR., 308-G SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSAIN, LAURA E 1876 N. UNIVERSITY DR. SUNRISE, FL 33322
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

3/31
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 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: _____ *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/15/04 Daytime Phone # _____