## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jun 01, 2004 8:00 am Secretary of State

DOCUMENT # P98000001637							Secretary of State 05-05-2004 90212 017 ***150.00				
THE MORTGAGE FORCE INC.							05-05-2004	J0212 017	150.	00	
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2. Principal Place of Business 3. Mailing Address					T						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE	CR2E034 (11/	(60)		
City & State			City & State	City & State			4. FEI Number 65-0811952 Applied For Not Applicable				
Zip	Country		Zip	Country			5. Certificate of Status Desired		5 Add	itional	
6. Name and Address of Current Registered Agent							7. Name and Address of Nev	Registered Agent			
ROMERO, CRISTINA					Name	_ `				7	
155	OS DÍXIE	HWY		- Street Addre			P.O. Box Number is Not Accepta	ole)			
#216 CORAL GABLES FL 33146											
	ML QAD	LE3 FL 33140		ŀ	City			FL Z	ip Code	9	
a. The above	named entit	ly submits this stateme	nt for the purpose of changing its	registere	d office or re	egistere	ed agent, or both, in the State of		er with	and accept	
the obligat	tions of regis	tered agent.		•				<b>5</b>	21 99101,	and accept	
SIGNATURE Signature, typed or printed name of ligistated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
S-1900	entral a transport of the Co	Completed the first procedure company	Mary phonon and	E: Hegistered	Agent signature	required	when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  Trust Fund Contribution.  \$5.00 May 1  Added to Fees									O May Be to Fees		
10	-	The state of the s	AND DIRECTORS	11.		. ;	ADDITIONS/CHANGES TO C	FFICERS AND DIRE	CTORS	5 IN 11	
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12. I hereby of indicated of the cor-	certify that the	e information supplied it or supplemental repo	with this filing does not qualify fo ont is true and accurate and that r	r the exem	nption stated	in Sec	ction 119.07(3)(i), Florida Statute same legal effect as if made under	s. I further certify that er oath; that I am an	et the in	formation or director	
changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 5-2(-04)  SIGNATURE AND TYPED OR PERHTED NAME OF SIGNING OFFICER OR DIRECTOR  Date: D											

