


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S62107</b>		
1. Entity Name THE MORTGAGE AUTHORITY GROUP, INC.		
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	
<b>DO NOT WRITE IN THIS SPACE</b>		



01242004 No Chg-P CR2E034 (10/03)

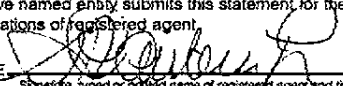
4. FEI Number 65-0272702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC  
 2300 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145

**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:  AMADA CANTERA 6/23/15/04  
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 \$350.00**

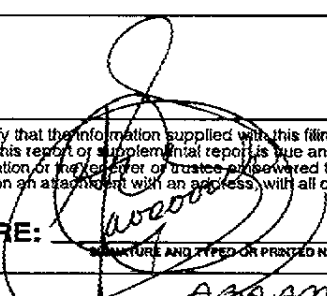
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000097534  
 03/29/04-80005-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAVCOVICH, ABRAM 5220 LA GORCE DR MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIGELMAN, ARON 8934 BYRON AVE SURFSIDE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERMAN, NAUM 7601 BYRON AVE. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TENNEN, ALFRED 9301 W. CALUSA CLUB DR MIAMI, FL
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 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 officer 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:  3/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 ABRAM GASCOVICH