2004 FOR PROFIT CORPORATION

Apr 21, 2004 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # 227148** PERRINE MORTGAGE COMPANY, INC. Principal Place of Business Mailing Address 11355 S DIXIE HWY 11355 S DIXIE HWY MIAMI, FL 33156 US MIAMI, FL 33156 US 02022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2838751 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TENDRICH, HOWARD J. DO NOT WRITE 11355 S. DIXIE HWY. MIAMI, FL 33156 IN THIS SPACE 3. 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. BILE U00000121946 04/21/04-80009-013 150.00 NAME TENDRICH, HOWARD J STREET ADDRESS 16500 S.W. 74TH AVE. CITY-ST-ZIP MIAMI, FL 33156 TITLE TENDRICH, SAM NAME STREET ADDRESS 1402 DEVONSHIRE WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 RTLE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-789 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 yith an address, with all other like empowered.

SIGNATURE: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS

> Howard J. TENDaich SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED