

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90019 029 \*\*\*150.00



**DOCUMENT # 287689**  
 1. Entity Name  
**J.I. KISLAK MORTGAGE SERVICE CORPORATION**

Principal Place of Business  
**7900 MIAMI LAKES DR. W.  
 MIAMI LAKES, FL 33016**

Mailing Address  
**7900 MIAMI LAKES DR. W.  
 MIAMI LAKES, FL 33016**

J4010117



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-1083439**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**RODRIGUEZ, CHRISTY**  
**7900 MIAMI LAKES DR. W.**  
**MIAMI LAKES, FL 33016**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GLICK, CHERYL 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVT BARTELMO, THOMAS 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUBOW, CHERYL 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAUN, STEPHEN 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KISLAK, JAY I. 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BARTELMO, THOMAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUBOW, CHERYL 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: THOMAS BARTELMO Date: 02/18/2004 Daytime Phone #: 305-364-4106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS BARTELMO, PRESIDENT**