

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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



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



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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, 2005 Fee will be \$550.00**

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

1000000339606
04/28/05-80079-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BRAUN, STEPHEN
STREET ADDRESS	7900 MIAMI LAKES DR WEST
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	CD
NAME	KISLAK, JAY I
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	DPT
NAME	BARTELMO, THOMAS
STREET ADDRESS	7900 MIAMI LAKES DR WEST
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	VP
NAME	LUBOW, CHERYL
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	VPS
NAME	RODRIGUEZ, CHRISTY
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Christy Rodriguez, V.P.* 4126105 (305) 264-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #