

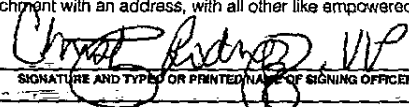


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016	Mailing Address 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016		
DO NOT WRITE IN THIS SPACE			
		04192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1083439	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		000000339606 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			
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: 		4/26/05 (303) 364-4101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	