

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 30 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0200000097

1. Entity Name

American Mortgage Solutions of Louisiana, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

393 Centerpoint Circle

Suite, Apt. #, etc.

Suite 1459

3. Mailing Address

11083 Cherry Blossom Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs FL

City & State

Heathrow FL

4. FEI Number

12-1507991

Applied For

Not Applicable

Zip

32701

Country

Seminole

Zip

32746

Country

Seminole

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Shelley S. Garndo

Street Address (P.O. Box Number is Not Acceptable)

11083 Cherry Blossom Terrace

City

Heathrow

FL

Zip Code

32746

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

Shelley S. Garndo President

9.25.03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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
President
Shelley S. Garndo
11083 Cherry Blossom Terrace
Heathrow FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President / Sec. / Treas
Gabriel Garndo Jr.
11083 Cherry Blossom Terrace
Heathrow FL 32746

TITLE
NAME
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CITY-ST-ZIP

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500023415715
09/30/03--01005--012 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelley S. Garndo Shelley S. Garndo

9.25.03

407 702 7707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

American Mortgage Solutions, Inc.
393 CenterPointe Circle Suite 1459
Altamonte Springs, Fl. 32701

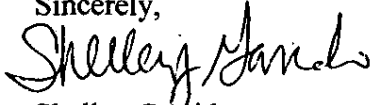
September 25, 2003

Division of Corporations
PO Box 1500
Tallahassee, Fl. 32302-1500
Re: Annual Report Document # F02000000097

To Whom It May Concern:

Following is my uniform business report for my corporation. I did not receive this form in the mail at any time this year. The address on file is correct yet I did not get this form that should have been filled out months ago. I am sending this in with a check for \$150.00, Due to the fact that I did not receive this form, could you please take into consideration waiving the late fee. I understand the importance of this form and I will never be late filing the annual report again. I will take it upon myself to download it from the internet as I did this time so that I can get it in on time. Please update my records and contact me with any further questions or concerns.

Sincerely,



Shelley Garrido
President