


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000003585</b>	
1. Entity Name C.D.K.-USA MORTGAGE, INC.	
	
Principal Place of Business 980 N. MICHIGAN AVE., SUITE 1370 CHICAGO, IL 60611	Mailing Address 980 N. MICHIGAN AVE., SUITE 1370 CHICAGO, IL 60611

**DO NOT WRITE IN THIS SPACE**

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4298813	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BENDER, VIRGINIA SEA RANCH, 4201 N. OCEAN BLVD. BUILDING C UNIT 602 BOCA RATON, FL 33431	<b>DO NOT WRITE IN THIS SPACE</b>
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-05

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT SCHWARTZ, ADAM M 980 N. MICHIGAN AVE., SUITE 1370 CHICAGO, IL 60611
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U00000316901  
04/19/05-80094-026 150.00

U00000316901  
04/19/05-80094-027 8.75

**DO NOT WRITE  
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-05

(312) 664-1900