

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # F02000003987

1. Entity Name  
MORTGAGE MARKET RESOURCES INC.



Principal Place of Business  
11 PARK PLACE, STE. 1912  
NEW YORK, NY 10007 US

Mailing Address  
11 PARK PLACE, STE. 1912  
NEW YORK, NY 10007 US

*MK*

**FILED**  
04 MAY -5 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3196680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALISTS, INC.  
2331 HANSEN PLACE  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	CP HOROWITZ, MEIR 11 PARK PLACE, STE. 1912 NEW YORK, NY 10007
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05/11/04--01047--023 \*\*150.00

**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)(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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/04* (212) 557 9895  
Date Daytime Phone #