


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000001388**  
 1. Entity Name  
**USCF MORTGAGE CORP.**



Principal Place of Business      Mailing Address  
**510 HEMPSTEAD TURNPIKE**      **510 HEMPSTEAD TURNPIKE**  
**WEST HEMPSTEAD, NY 11552**      **WEST HEMPSTEAD, NY 11552**

**DO NOT WRITE IN THIS SPACE**



03082004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>11-3374221</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**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 registering)

**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

000000127024  
 04/23/04-80059-005 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	CPS DEPASQUALE, CARL R 510 HEMPSTEAD TURNPIKE WEST HEMPSTEAD, NY 11552
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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: *Carl R. Depasquale*      4/19/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #