

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002072

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: AFI MORTGAGE INC.

## Current Principal Place of Business:

4511 KNOX ROAD, SUITE 303  
COLLEGE PARK, MD 20740

## New Principal Place of Business:

11720 BELTSVILLE DRIVE, SUITE 160  
BELTSVILLE, MD 20705

## Current Mailing Address:

4511 KNOX ROAD, SUITE 303  
COLLEGE PARK, MD 20740

## New Mailing Address:

11720 BELTSVILLE DRIVE, SUITE 160  
BELTSVILLE, MD 20705

FEI Number: 52-1845409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHN, ARTHUR  
5342 NW 26TH CIRCLE  
BOCA RATON, FL 33496 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: ISAAC, STEVEN  
Address: 4511 KNOX ROAD, SUITE 303  
City-St-Zip: COLLEGE PARK, MD 20740

Title: DV ( ) Delete  
Name: KESECKER, KEVIN  
Address: 4511 KNOX ROAD, SUITE 303  
City-St-Zip: COLLEGE PARK, MD 20740

Title: DST ( ) Delete  
Name: COHN, ARTHUR  
Address: 4511 KNOX ROAD, SUITE 303  
City-St-Zip: COLLEGE PARK, MD 20740

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: ISAAC, STEVEN  
Address: 11720 BELTSVILLE DRIVE, SUITE 160  
City-St-Zip: BELTSVILLE, MD 20705

Title: DV (X) Change ( ) Addition  
Name: KESECKER, KEVIN  
Address: 11720 BELTSVILLE DRIVE, SUITE 160  
City-St-Zip: BELTSVILLE, MD 20705

Title: DST (X) Change ( ) Addition  
Name: COHN, ARTHUR  
Address: 11720 BELTSVILLE DRIVE, SUITE 160  
City-St-Zip: BELTSVILLE, MD 20705

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR COHN

DST

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date