


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90087 040 ***150.00

DOCUMENT # F03000006322	
1. Entity Name RESMAE MORTGAGE CORPORATION	

Principal Place of Business 3550 EAST BIRCH STREET, SUITE 102 BREA CA 92821-6266	Mailing Address 3550 EAST BIRCH STREET, SUITE 102 BREA CA 92821-6266
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2. Principal Place of Business 3350 E. BIRCH ST.	3. Mailing Address 3350 E. BIRCH ST #102
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102
City & State BREA CA	City & State BREA, CA
Zip 92821-6266	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 42-2034483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC RESENDEZ, EDWARD 3350 EAST BIRCH STREET, SUITE 102 BREA CA 92821-6266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FROJEN, JON 3350 EAST BIRCH STREET, SUITE 102 BREA CA 92821-6266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOUBERMAN, STEVEN J 3350 EAST BIRCH STREET, SUITE 102 BREA CA 92821-6266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MAYESH, M. JACK 3550 EAST BIRCH STREET, SUITE 102 BREA CA 92821-6266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOMPERDA, WILLIAM K 695 EAST MAIN STREET STAMFORD CT 06901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUTMAN, SASHA 200 MADISON AVENUE, #1900 NEW YORK NY 10016 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES BROWN 200 MADISON AVE, #1900 NY, NY 10016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **STEVEN GLADERMAN** 3/18/04 714 577 4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #