

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000003169	
1. Entity Name AMERICAN HOME MORTGAGE CORP. OF NEW YORK	

Principal Place of Business 520 BROADHOLLOW RD. MELVILLE, NY 11747	Mailing Address 520 BROADHOLLOW RD. MELVILLE, NY 11747
--	--

DO NOT WRITE IN THIS SPACE



05202004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3461558	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

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 resigning)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSSD STRAUSS, MICHAEL 520 BROADHOLLOW RD. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HORN, ALAN B 520 BROADHOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000161456
 05/25/04-80001-004 150.00

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: ALAN HORN Date: 5-24-04 Daytime Phone #: 800-755-3100