


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000000116  
 1. Entity Name  
**FIRST RESIDENTIAL MORTGAGE SERVICES CORPORATION**



Principal Place of Business      Mailing Address  
**7500 BERGENLINE AVENUE**      **7500 BERGENLINE AVENUE**  
**NORTH BERGEN, NJ 07047**      **NORTH BERGEN, NJ 07047**

**DO NOT WRITE IN THIS SPACE**



01042005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>22-3026348</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HERNANDEZ, MARIA E**  
**3457 NORTH WEST 112TH WAY**  
**CORAL SPRINGS, FL 33065**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and \$16 if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

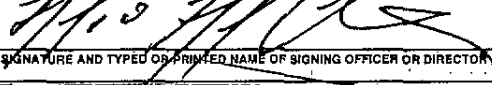
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAUX, MARLIO M 7500 BERGENLINE AVE NORTH BERGEN, NJ 07047
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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)(f), 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 fees empowered.

SIGNATURE:       Date: 1/14/05      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR