

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90003 038 ***150.00

DOCUMENT # F99000003312

1. Entity Name
MORTGAGEIT, INC.



Principal Place of Business
**33 MAIDEN LANE
6 FLOOR
NEW YORK, NY 10038**

Mailing Address
**33 MAIDEN LANE
6 FLOOR
NEW YORK, NY 10038**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042004

Chg-P

CR2E034 (10/03)

4. FEI Number
13-4049218

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUMBERG EXCELSIOR CORPORATE SERVICES INC
4435 OLD WINTER GARDEN RD.
ORLANDO, FL 32811**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PAPPAS, MARK C
719 GREENWICH ST.
NEW YORK, NY 10014** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NAIDUS, DOUG W
225 W. 83 STREET
NEW YORK, NY 10024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KUKAFKA, PHILIP
49 EILEEN AVE.
PLAINVIEW, NY 11803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ASSENHEIMER, FRED A
5 INDIAN LANE
FLORHAM PARK, NJ 07932** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
NAIDUS, DOUG W
225 W 83 STREET
NEW YORK, NY 10024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOROCCO, MICHAEL
25 EAST END AVE., #14F
NEW YORK, NY 10028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
LEWIS, LARRY P.
1734 VESTAL WAY
CORAL SPRINGS, FL 33071** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry P. Lewis

2/5/04

212-651-7700

Date

Daytime Phone #