2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

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DOCUMENT # G45618 1. Entity Name LANDIS MORTGAGE FINANCING, INC.							04 90046 045 **	*150.00
Principal Place	a of Business	Mailing Address			1	6641	UYSS	
•						0011		
3363 SHERIDAN ST 1430 SHERIDAN ST. STE #205 HOLLYWOOD, FL 33								
STE #205 HOLLYWOOD	EL 22021)ZU						
HOLLINGOD	, FL 33021				I TERRITA ATTIL	BIREAL BUILD BROWN STAND HEAD	I BTBU BUBU BIBU BUBU BUBU BUBU B	IT BI 11 IDST
2. Principal P	lace of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03182004	Chg-P .	CR2E034 (10/03)	
City & State	e	City & State	City & State		4. FEI Number 59-231			plied For t Applicable
7-		7:-	Zip Country		39-231	0200		
Zip Country		Zip	Zip Cour		5. Certificate of Status Desired \$8.75 Additional Fee Required			
			1					<u>. </u>
	** T8. Name and Address of Curr	rent Registered Agent			7. Name and	Address of New R	egistered Agent	
				Name				
	MARCIA	<u> </u>		Street Address /	P.O. Boy Numb	er is Not Acceptable	<u>, , , , , , , , , , , , , , , , , , , </u>	
	RIDAN ST., #G1			Street Address (F.C. BOX NUMB	BI IS INULACCEPIADIO	9)	
HOLLYWO	OOD, FL 33020						·· · · · · · · · · · · · · · · · · · ·	
				City			Zip Code	9
	•			ŕ				
	named entity submits this stateme	ent for the purpose of changing i	ta register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept
the obligat	tions of registered agent.						- 1	
O COLLATO IDE	MAROIN IA	Mois Pros					3(19/04	j
SIGNATURE_	Signature, typed or printed name of registered :	agent and title if applicable. (NC	OTE: Registers	d Agent signature required	d when rainstaling)		DATE	
<u> </u>		- · · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	
	- 10000	9. Election Camp	alon Fina	ncina \$5	.00 May Be			
FIL After M	E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$5!	, , , , , , , , , , , , , , , , , , ,	_		led to Fees			
. MIGIN	ay 1, 2004 Fee Will be \$5	30.00						
10.	OFFICERS A	AND DIRECTORS	11.	······	ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11
TITLE	DPTS Delete Ti			:			☐ Change	Addition
NAME	LANDIS, MARCIA							
STREET ADDRESS	·			ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
C117-51-25	HOLLYWOOD, FL 33021		ÇIII	-31-2F				
TITLE	D	☐ Defete	TITL	E			Change	☐ Addition
NAME	BIGBIE, CINDY		NAM	E .				
STREET ADDRESS	1430 SHERIDAN ST., #G1		STR	ET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33020			-ST-21P				
		П в					☐ Chacca	Addition
TITLE		☐ Delete	IIIL				☐ Change	
NAME			NAM	-				
STREET ADDRESS				ET'AODRESS-		- · · · - · · · · · · · · · · · · · · · 		
CITY-ST-ZIP		····	CITY	-ST-ZIP				
TITLE		☐ Delete	TITL.	E			☐ Change	Addition
NAME	}		NAN	E				
STREET ADDRESS	ĺ		STR	EET ADDRESS				
CHY-ST-ZIP			СПУ	- ST - ZIP				
TITLE		☐ Delete	TITL				☐ Change	☐ Addition
							E CHANGE	
NAME DESCRIPTION OF	}		NAM					
STREET ADDRESS	1			EET ADORESS				
CITY-ST-ZIP			cm	-ST-ZIP				
TIPLE		☐ Delets	TITL	E			☐ Change	☐ Addition
NAME			HAA	E I				
STREET ADDRESS	1			EET ADDRESS				
CiTY-ST-ZIP				-S1-ZIP				j
<u> </u>	<u> </u>							
12. I hereby	certify that the information supplied for this report or supplemental rep	d with this filing does not qualify	for the exe	mption stated in Se	ection 119.07(3)	(i), Florida Statutes.	I further certify that the is	nformation
of the co	rporation or the receiver or trustee	empowered to execute this repo	ort as requ	ired by Chapter 60	ਤਕਾਰ ਗੁਰੂਸ਼ ਦੀਓ 7. Florida Statut	es; and that my nam	e appears in Block 10 o	r Block 11 if
changed	, or on an attachment with an addr	ess, with all other like empowers	ed.					
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SIGNAT	mo	ese Kang	RES	Eres.		3/19/104	954-921-	6600