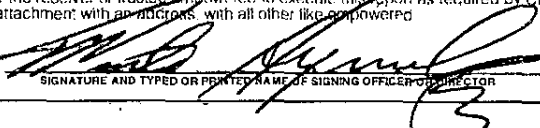


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # K54695 1. Entity Name MORTGAGE WHOLESALERS OF FLORIDA, INC.		
Principal Place of Business 1850 N UNIVERSITY DRIVE PLANTATION, FL 33322 US	Mailing Address 1850 N UNIVERSITY DRIVE PLANTATION, FL 33322 US	
6. Name and Address of Current Registered Agent HYMOWITZ, MARTIN 1850 N UNIVERSITY DRIVE PLANTATION, FL 33322		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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 reappointing) Signature: typed or printed name of registered agent and title if applicable		
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		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HYMOWITZ, MARTIN 1850 N UNIVERSITY DRIVE PLANTATION, FL 33322	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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 like empowered		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/29/04 Daytime Phone #

000000025786
02/02/04-80119-018 158.75