

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 19, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # M33538**

1. Entity Name  
**INTEGRITY MORTGAGE CORP.**



Principal Place of Business

**782 NW 42 AVE.  
428-A  
MIAMI, FL 33126-5536 US**

Mailing Address

**782 NW 42 AVE  
428-A  
MIAMI, FL 33126-5536 US**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2682641**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARRILLO, PEDRO L.  
782 NW 42ND AVE  
MIAMI, FL 33126**

**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

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 \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARRILLO, PEDRO L.  
STREET ADDRESS 782 N.W. 42 AVE., #428-A  
CITY-ST-ZIP MIAMI, FL

TITLE VD  
NAME CARRILLO, PEDRO L. JR  
STREET ADDRESS 520 PINECREST DRIVE  
CITY-ST-ZIP MIAMI SPRINGS, FL

TITLE SD  
NAME CARRILLO, MARIA E.  
STREET ADDRESS 520 PINECREST DRIVE  
CITY-ST-ZIP MIAMI SPRINGS, FL

TITLE TD  
NAME CARRILLO, ALBERT A.  
STREET ADDRESS 520 PINECREST DRIVE  
CITY-ST-ZIP MIAMI SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000117866  
04/19/04-80037-009 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #