

## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P00000021958** ADVANTAGE FLORIDA MORTGAGE INC Principal Place of Business Mailing Address 19111 COLLINS AVENUE BOX 15247 04/03/03 90145047 150,00 PLANTATION, FL 33318 #1005 SUNNY ISLES, FL 33160 02032004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 60-8871005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNBERG, DOUGLAS DO NOT WRITE 19111 COLLINS AVENUE #1005 IN THIS SPACE SUNNY ISLES, FL 33160 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HERNBERG, RYAN NAME 19111 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP SUNNY ISLES, FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGN NO OFFICER OR DIRECTOR

2/3/04

please File this report,
As for can see I hiss
Due a credit please
Apply that to pay for
this tear.

Ryan Hernberg

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