## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2004 8:00 am Secretary of State

DOCUMENT # P0000038864  1. Entity Name HOME MORTGAGE FINANCE GROUP, CORP.								05-05-2004 90252 008 ***158.75					
Principal Place of Business 9380 SW 72 STREET B-207 MIAMI, FL 33173				Mailing Address 9380 SW 72 STREET B-207 MIAMI, FL 33173				   			I II SI I BIJE SIJII BI	8188 8 188	
Principal Place of Business     SW 72 ST				3. Mailing Address 9370 SW 72 ST									
Suite, Apt. #, etc.			- 1	Suite, Apt. #, etc. SUITE A240				04302004	Chg-P	CR2E	034 (10/03)		
SULTE A240				City & State	172	4. FEI Numb				<u> </u>	oplied For		
MIAMI Zip	, FL	Country	$\overline{}$	Zip	Cour	173 ntry		65-100			\$8.75 Add	ot Applicable	
33173	0 N	MIAMI-DAD		33173	MIAN	4Í-DAD	ÞΕ	<u> </u>	e of Status Desired	<b>X</b>	Fee Require	id	
6. Name and Address of Current Registered Agent								7. Name and	d Address of New R	egistered	I Agent		
POSADA, ALVARO JR 9380 SW 72 STREET							Street Address (P.Q. Box Number is Not Acceptable)						
B-207			9370				SW 72 ST						
IVIIAIVII, FL	MIAMI, FL 33173						SUITE A240 City						
8 The above	named entit	y submits this statement f	or the r	ournose at changing its	e rogietor	MTAMI	Cogistor	ad agent or he	ath in the State of Flo	F.	<b>└</b>	73	
the obligat	ions of regist	ered agent.	or me t	ourpose or changing in	s register	ed office of t	egister	ed agent, or be	nii, iii (ne State of Mo	nda. Far	n iarnillar with,	and accept	
SIGNATURE  Synatore, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE													
Synakhe, 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.  Adde													
10.	DVOT	OFFICERS AND	DIRE		11.			ADDITIONS	/CHANGES TO OFF	CERS AN			
TITLE NAME	PVST Delete POSADA, ALVARO					E IE					Change	☐ Addition	
STREET ADDRESS	9380 SW 72 STREET					EET ADORESS	93	70_SW_	72 ST, SU L 33173	ITE	A240		
CITY-ST-ZIP	MIAMI, FL 33173					-ST-ZIP	MI	AMI, FI	331/3		☐ Change	☐ Addition	
NAME		*	NAM							□ change	Addition		
STREET ADDRESS CITY-ST-ZIP		đ		EFT ADDRESS '-ST-ZIP									
TITLE	Delete					E					Change	Addition	
NAME STREET ADDRESS				NAM STRE	ET ADDRESS								
CITY-ST-ZIP						-ST-ZIP							
TITLE				☐ Delete	TITU	1			•		☐ Change	Addition	
NAME STREET ADDRESS:					NAM STRE	ET ADDRESS							
CITY-ST-ZIP					СПҮ	-ST-ZIP			<del>.</del>				
TITLE NAME				☐ Delete	TITU Nam	1					☐ Change	☐ Addition	
STREET ADDRESS					STRE	EET ADDRESS					-		
CITY-ST-ZIP TITLE				Delete	CITY	-ST-ZIP					Change	( Addition	
NAME				L. Delete	NAM						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	CITY												
12. Thereby certify that the information supplies with this filling does not creatify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplements 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 further certify that the information indicated on this report or supplements 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 further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii													
of the corporation or the receiver outustee ergnowered 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 httachment in an armoss, with an other like empowered.													
SIGNATURE: ALVARO POSADA 4/30/2004													
SIGNAL	UIIL			NAME OF SIGNING OFFICE	R OR DIREC	TOR	<del>-</del>	-,	Date		Daytime Phone #		