


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90443 008 \*\*\*158.75

<b>DOCUMENT # P00000080643</b> 1. Entity Name <b>CAPITAL FUNDING MORTGAGE GROUP, CORP.</b>																											
Principal Place of Business <b>8672 BIRD ROAD SUITE 209 MIAMI, FL 33155</b>		Mailing Address <b>8672 BIRD ROAD SUITE 209 MIAMI, FL 33155</b>																									
2. Principal Place of Business <b>8518 S W 40 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>8518 S W 40 ST</b> Suite, Apt. #, etc.																									
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>																									
Zip <b>33155</b>		Zip <b>33155</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>65-1034994</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>ESQUIJAROSA, LUIS F 8672 BIRD ROAD SUITE 209 MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name <b>ESQUIJAROSA, LUIS F</b> Street Address (P.O. Box Number is Not Acceptable) <b>8518 S W 40 ST</b> City <b>MIAMI</b>																									
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.		Zip Code <b>33155</b>																									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D ESQUIJAROSA, LUIS F</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>8672 BIRD ROAD SUITE 209</del></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33155</td> <td></td> </tr> </table>		TITLE	D ESQUIJAROSA, LUIS F	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	<del>8672 BIRD ROAD SUITE 209</del>		CITY-ST-ZIP	MIAMI, FL 33155		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D ESQUIJAROSA, LUIS F</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8518 S W 40 ST MIAMI FL 33155</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D ESQUIJAROSA, LUIS F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	8518 S W 40 ST MIAMI FL 33155		CITY-ST-ZIP		
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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: <i>Luis Esquijarosa</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-20-04 DIRECTOR Date Devine Phone #																									