


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000086792  
 1. Entity Name  
 COSMOPOLITAN MORTGAGE, CORPORATION



Principal Place of Business      Mailing Address  
 1405 S.W. 107TH AVE., STE. 301E      1405 S.W. 107TH AVE., STE. 301E  
 MIAMI, FL 33174      MIAMI, FL 33174

**DO NOT WRITE IN THIS SPACE**



04012004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-1040706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MEDIAVILLA, VIVIAN  
 3565 SW 152 PL  
 MIAMI, FL 33185

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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 reinstating)      DATE \_\_\_\_\_  
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

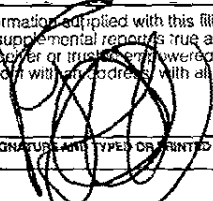
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEDIAVILLA, VIVIAN G
STREET ADDRESS	3565 SW 152 PL
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	V
NAME	ESTRADA, ARI
STREET ADDRESS	1405 S.W. 107TH AVE., STE. 301E
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 reports 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:       Date: 3/31/04      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR