2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 07, 2004 08:00 AM Secretary of State DOCUMENT # P00000109991 1. Engly Name AMERIMORTGAGE FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 3600 S. STATE RD #7 3321 GRANT STREET MIRAMAR, FL 33023 HOLLYWOOD, FL 33021 07012004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1069304 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRUZ, CARMEN DO NOT WRITE 3321 GRANT STREET HOLLYWOOD, FL 33021 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE PST CRUZ, CARMEN NAME STREET ADDRESS 3321 GRANT ST U00000164236 n7/07/04-80035-021 550.00 CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE NAME STREET ADDRESS CITY-ST-ZIP ταιε NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP πιε NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

FILED