

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90036 011 ***150.00

DOCUMENT # P01000006958

1. Entity Name

YOUR BEST INTEREST MORTGAGE CORPORATION



Principal Place of Business

2400 WEST CYPRESS CREEK ROAD
SUITE 100
FORT LAUDERDALE FL 33309

Mailing Address

2400 WEST CYPRESS CREEK ROAD
SUITE 100
FORT LAUDERDALE FL 33309

2. Principal Place of Business

1451 W. Cypress Crk. Rd.

3. Mailing Address

1451 W. Cypress Crk. Rd.

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33309

Country

Broward

Zip

33309

Country

Broward

6. Name and Address of Current Registered Agent

TONN, PAUL
3217 NE 42ND COURT
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Paul Tonn

Street Address (P.O. Box Number is Not Acceptable)
2400 NW 67th Ct.

City Ft. Lauderdale

FL

Zip Code 33309

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

3/26/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BALLARD, MARY C
STREET ADDRESS 3217 NE 42ND COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04 954-229-7250

Date

Daytime Phone #