
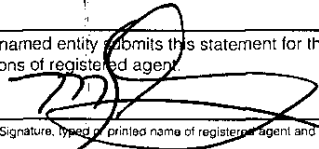
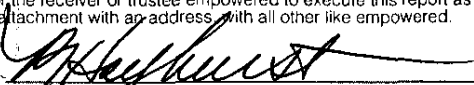


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -3 AM 8:00

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # P01000011907 | | | |  | |
| 1. Entity Name HAYHURST MORTGAGE, INC. | | | | | |
| Principal Place of Business 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133 | | | Mailing Address 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 08312004 Chg-P CR2E034 (10/03) MRD 65-1074176 | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent HENDERSON, COLEEN O'LEARY ESQ 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133 | | | 7. Name and Address of New Registered Agent Name Transcorporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) 269 Giralda Ave, Suite #201 City Coral Gables FL Zip Code 33134 | | |
| 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  Michael Steven Greene, President 9/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete HAYHURST, PATRICIA I 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | See attached sheet. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete KISLAK, JONATHAN 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300041132853 09/17/04--01085--024 ***70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Sept. 1, 2004 305-857-0222 <small>Date Daytime Phone #</small> | | |

President/Secretary/
Treasurer

Patricia Hayhurst
2601 S. Bayshore Dr., Suite #250
Coconut Grove, FL 33133

Sr. Vice President

G. Craig Young
2601 S. Bayshore Dr., Suite #250
Coconut Grove, FL 33133

Vice President

Shari Kopplin
2601 S. Bayshore Dr., Suite #250
Coconut Grove, FL 33133

Executive Vice President

Ileana Espinosa
2601 S. Bayshore Dr., Suite #250
Coconut Grove, FL 33133

Assistant Vice President

Mirta Edrosa-Bello
2601 S. Bayshore Dr., Suite #250
Coconut Grove, FL 33133

Assistant Vice President

Fritz Sheldon
2601 S. Bayshore Dr., Suite #250
Coconut Grove, FL 33133

Assistant Vice President Finance

Francis Moran
2601 S. Bayshore Dr., Suite #250
Coconut Grove, FL 33133