

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 29 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000011907</b>					
<b>1. Entity Name</b> HAYHURST MORTGAGE, INC.					
<b>Principal Place of Business</b> 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133			<b>Mailing Address</b> 2601 SOUTH BAYSHORE DRIVE SUITE 250 COCONUT GROVE, FL 33133		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  TRANSCORPORATE SERVICES INC 269 GIRALDA AVE SUITE #201 CORAL GABLES, FL 33134				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PSTD <b>NAME</b> HAYHURST, PATRICIA <b>STREET ADDRESS</b> 2601 SOUTH BAYSHORE DRIVE SUITE 250 <b>CITY-ST-ZIP</b> COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		<b>TITLE</b> AVP <b>NAME</b> Betancourt, A. Adolfo <b>STREET ADDRESS</b> 2601 South Bayshore Drive, Suite 250 <b>CITY-ST-ZIP</b> Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KISLAK, JONATHAN <b>STREET ADDRESS</b> 2601 SOUTH BAYSHORE DRIVE SUITE 250 <b>CITY-ST-ZIP</b> COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		<b>TITLE</b> AVP <b>NAME</b> Moran, C. Francis <b>STREET ADDRESS</b> 2601 South Bayshore Drive, Suite 250 <b>CITY-ST-ZIP</b> Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SRVP <b>NAME</b> YOUNG, G CRAIG <b>STREET ADDRESS</b> 2601 S BAYSHORE DR, SUITE #250 <b>CITY-ST-ZIP</b> COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		<b>TITLE</b> Sr. VP <b>NAME</b> Caleen Henderson <b>STREET ADDRESS</b> 2601 South Bayshore Drive, Suite 250 <b>CITY-ST-ZIP</b> Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> KOPPLIN, SHARI <b>STREET ADDRESS</b> 2601 S BAYSHORE DR, SUITE #250 <b>CITY-ST-ZIP</b> COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		300041496283 09/30/04--01051--004 **70.00		
<b>TITLE</b> EVP <b>NAME</b> ESPINOSA, HEANA Ileana <b>STREET ADDRESS</b> 2601 S BAYSHORE DR, SUITE #250 <b>CITY-ST-ZIP</b> COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		<b>TITLE</b> EVP <b>NAME</b> Espinosa, Ileana <b>STREET ADDRESS</b> 2601 South Bayshore Drive, Suite 250 <b>CITY-ST-ZIP</b> Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AVP <b>NAME</b> EDROSA-BELLO, MIRTA <b>STREET ADDRESS</b> 2601 S BAYSHORE DRIVE, SUITE #250 <b>CITY-ST-ZIP</b> COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>			President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: Sept. 27, 2004 Daytime Phone #: 305-857-0222		

**M.S. GREENE & ASSOCIATES, P.A.**

*Attorneys and Counselors at Law*

**Michael Steven Greene**

**Hillary K. Rodriguez**

**269 Giralda Avenue**

**Suite 201**

**Coral Gables, FL 33134**

**T 305.444.2610**

**F 305.444.2655**

September 28, 2004

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Attention: Corporate Annual Reports  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Hayhurst Mortgage, Inc. - Amended Annual Report**

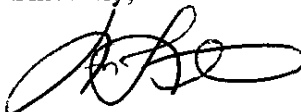
Corporate Annual Reports:

Please find enclosed our firm's check in the amount of Seventy dollars (\$70.00), which amount includes the filing fee of \$61.25 for the Amended Annual Report for Hayhurst Mortgage, Inc. and an additional \$8.75 for a Certificate of Status.

Please return the Certificate of Status to us in the enclosed return prepaid envelope. If you have any questions or need anything further to complete this request, please contact us at 305-444-2610 or via facsimile at 305-444-2655.

Thank you for your assistance with this matter.

Sincerely,



Jason K. Lamberton

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**M.S. GREENE & ASSOCIATES, P.A.**  
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