FROM : DUBE ACCOUNTING FAX NO. : 305 2215895

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Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90418 030 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000050023

1. Entity Name
INDUSTRY MORTGAGE CORP.

94063771

Principal Place of Business	Mailing Address
782 N.W. LEJEUNE RD. STE. 428 MIAMI, FL 33126	782 N.W. LEJEUNE RD. STE. 428 MIAMI, FL 33126

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1350 SW 57th AVE		1350 SW 57th AVE	
Suite, Apt. #, etc. 318		Suite, Apt. #, etc. 318	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33144	Country US	Zip 33144	Country US

4. FEI Number 65-1109678 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALMA, JOSE MANUEL 782 N.W. LEJEUNE RD., STE. 428 MIAMI, FL 33126	Name PALMA, JOSE MANUEL Street Address (P.O. Box Number is Not Acceptable) 1350 SW 57 AVE # 318 City MIAMI FL Zip Code 33144

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] JOSE M PALMA, PRESIDENT 04/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	PALMA, JOSE MANUEL		NAME	PALMA, JOSE MANUEL	
STREET ADDRESS	782 N.W. LEJEUNE RD., STE. 428		STREET ADDRESS	1350 SW 57 AVE #318	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI FL 33144	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] (305) 263-6500 04/20/04 JOSE M. PALMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #