


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 91014 035 ***150.00

DOCUMENT # P01000050866			
1. Entity Name MORTGAGE MANAGEMENT, INC.			
Principal Place of Business 2450 HOLLYWOOD BLVD. SUITE 500 HOLLYWOOD FL 33020		Mailing Address 2450 HOLLYWOOD BLVD. SUITE 500 HOLLYWOOD FL 33020	
2. Principal Place of Business 8751 W. Broward Blvd.		3. Mailing Address 8751 W. Broward Blvd.	
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324	Country USA	Zip 33324	Country USA
6. Name and Address of Current Registered Agent SCHWARTZ, MICHAEL 2514 HOLLYWOOD BLVD STE 508 HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Larry Saff</i> DATE: 2/13/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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. <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 GOEHRRIG, LAWRENCE E 2450 HOLLYWOOD BLVD., SUITE 500 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8751 W. Broward Blvd. Suite 210 Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Larry Saff</i>		Date: 5/13/04 Daytime Phone #: 954 922 7550	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			