

**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      Mailing Address  
**2450 HOLLYWOOD BLVD.**      **2450 HOLLYWOOD BLVD.**  
**SUITE 500**      **SUITE 500**  
**HOLLYWOOD FL 33020**      **HOLLYWOOD FL 33020**

2. Principal Place of Business      3. Mailing Address  
**8751 W. Broward Blvd.**      **8751 W. Broward Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 210**      **Suite 210**

City & State      City & State  
**Plantation, FL**      **Plantation, FL**  
 Zip      Country      Zip      Country  
**33324**      **USA**      **33324**      **USA**



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**65-1005701**       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

**SCHWARTZ, MICHAEL**  
**2514 HOLLYWOOD BLVD STE 508**  
**HOLLYWOOD FL 33020**

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: *Lamy Saef*      DATE: **2/13/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOEHRIG, LAWRENCE E</b> <b>2450 HOLLYWOOD BLVD., SUITE 500</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8751 W. Broward Blvd. Suite 210</b> <b>Plantation, FL 33324</b>
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
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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: *Lamy Saef*      Date: **5/13/04**      Daytime Phone #: **954 922 7550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR