


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90030 035 \*\*\*150.00

<b>DOCUMENT # P01000052850</b> 1. Entity Name <b>CUTAIA MORTGAGE GROUP, INC.</b>					
Principal Place of Business <b>95 S FEDERAL HIGHWAY SUITE 200 BOCA RATON FL 33432</b>			Mailing Address <b>95 S FEDERAL HIGHWAY SUITE 200 BOCA RATON FL 33432</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1108548</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
6. Name and Address of Current Registered Agent  <b>CUTAIA, ANTHONY 95 S FEDERAL HIGHWAY SUITE 200 BOCA RATON FL 33432</b>				7. Name and Address of New Registered Agent Name <b>Susan Cutaia</b> Street Address (P.O. Box Number is Not Acceptable) <b>95 South Federal Hwy</b> <b>Suite 200</b> City <b>Boca Raton</b> <b>FL</b> Zip <b>33432</b>	
8. The above named entity submits this statement that it is a corporation, partnership, or other entity authorized to do business in the State of Florida, and that it is not a foreign corporation, partnership, or other entity. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CUTAIA, SUSAN</b>	NAME			
STREET ADDRESS	<b>95 S FEDERAL HIGHWAY STE 200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CUTAIA, ELIZABETH G</b>	NAME			
STREET ADDRESS	<b>95 S FEDERAL HIGHWAY STE 200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <b>Elizabeth Cutaia</b> <b>3/17/04</b> <b>561-416-5834</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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MOORE CR2E034 (11/03)