


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000071336	
1. Entity Name AFFORDABLE MORTGAGE & LOAN SERVICES INC.	

Principal Place of Business 2500 N UNIVERSITY DR SUITE #15 SUNRISE, FL 33322 US	Mailing Address 11000 SW 23RD STREET DAVIE, FL 33324 US
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DO NOT WRITE IN THIS SPACE



05122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1123284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUSSAIN, MITHAVAYANI 11000 SW 23RD STREET DAVIE, FL 33324

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IN THIS SPACE**

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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000160572 05/17/04-80004-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUSSAIN, MITHAVAYANI 11000 SW 23RD STREET DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MITHAVAYANI, SUAD H 11000 SW 23RD ST DAVIE, FL 33324
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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: <u><i>HUSSAIN MITHAVAYANI</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>05/12/04</u>	Daytime Phone #: <u>454-572-8400</u>
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