

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081346

1. Entity Name
AMERICAN MORTGAGE TRUST CORPORATION



Principal Place of Business

**7235 CORAL WAY
SUITE 210
MIAMI, FL 33155**

Mailing Address

**7235 CORAL WAY
SUITE 210
MIAMI, FL 33155**



06032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1133072

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CUETO, M.
7235 CORAL WAY
SUITE 210
MIAMI, FL 33155**

**DO NOT WRITE
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 *M. Cueto*
Signature typed or printed name of registered agent and fee if applicable

(FOTL Registered Agent signature required when changing)

DATE

6-2-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
CUETO, M.
7235 CORAL WAY SUITE 210
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
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)(f), 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 or without other like empowered.

SIGNATURE: *M. Cueto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day to Phone

6-2-04 (305) 24-0512

U00000162475
06/11/04-80001-005 158.75

**DO NOT WRITE
IN THIS SPACE**