2004 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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Jan 30, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P01000088231 FIRST QUALITY MORTGAGE INC. Principal Place of Business Mailing Address 3900 NW 79 AVE #334 3900 NW 79 AVE #334 MIAMI, FL 33166 MIAMI, FL 33166 CR2E034 (10/03) 01272004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1136829 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE GUARDIOLA, RICARDO 3900 NW 79 AVE #334 MIAMI, FL 33166 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_ Signature, typed or printed name of registered agent and little it applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GUARDIOLA, RICARDO NAME STREET ADDRESS 3900 NW 79 AVE #334 UN0000023194 02/02/04-80017-808 150.00 MIAMI, FL 33166 CITY-ST-ZIP 3133<u>E</u> NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-78P IN THIS SPACE THILE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. (further certify that the information indicated on this report or supplemental leport is true and accurate and that my signature shall have the same legal effect as if made under gath, 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 any adjuss, with all other like impowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED