

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90004 025 \*\*\*150.00

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<b>DOCUMENT # P01000089917</b>					
<b>1. Entity Name</b> ALL PROPERTY MORTGAGE CORP.					
<b>Principal Place of Business</b> 2640 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020			<b>Mailing Address</b> 2640 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020		
<b>2. Principal Place of Business</b> 19090 W. DIXIE HWY		<b>3. Mailing Address</b> 19090 W. DIXIE HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> AVENTURA, FL.		<b>City &amp; State</b> AVENTURA, FL.		<b>4. FEI Number</b> 65-1136724	
<b>Zip</b> 33180		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> MORALES, ALEXANDER 2640 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020			<b>7. Name and Address of New Registered Agent</b> Name: ALEXANDER MORALES Street Address (P.O. Box Number is Not Acceptable): 19090 W. DIXIE HWY City: AVENTURA FL Zip Code: 33180		
<b>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.</b> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORALES, ALEXANDER 11111 BISCAYNE BOULEVARD #1-1007 MIAMI FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19090 W. DIXIE HWY. AVENTURA, FL. 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

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MOORE CR2E034 (11/03)