


**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90023 019 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P01000095362**  
 1. Entity Name  
**REAL ESTATE PROFESSIONALS MORTGAGE CORP.**



Principal Place of Business  
**600 W HILLSBORO BLVD  
 #220  
 DEERFIELD BEACH, FL 33441**

Mailing Address  
**600 W HILLSBORO BLVD  
 #220  
 DEERFIELD BEACH, FL 33441**

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1141256**

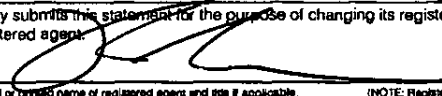
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
~~RICHARD S. WEINSTEIN, P.A.~~ **ROBERT FOLMAN, P.A.**  
~~500 NE SPANISH RIVER BOULEVARD SUITE 106 BOCA RATON, FL 33494~~  
**2101 W. COMMERCIAL BLVD SUITE 4100 FT. LAUDERDALE, FL 33309**

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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:  DATE: **3/22/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

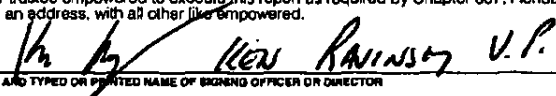
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RAVINSKY, RYAN 1298 SW 9TH TERRACE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAVINSKY, KENNETH 7631 NW 47TH DR CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST RAVINSKY, SYLVIA 7631 NW 47TH DR CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: **X**  **Ken Ravinsky V.P.** **X** DATE: **2/27/04** DAYTIME PHONE: **954-708-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #