


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1141256	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, ROBERT P.A.
2101 W. COMMERCIAL BLVD.
SUITE 4100
FORT LAUDERDALE, FL 33309

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 4150 CEDAR CREEK RANCH CIRCLE LAKE WORTH, FL 33462
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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/05-80059-020 150.00

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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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/19/05 800-708-1100 Daytime Phone #