

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000111676

**FILED**  
**Mar 15, 2005**  
**Secretary of State**

**Entity Name:** SHOW & SELL MORTGAGE GROUP, INC.

**Current Principal Place of Business:**

4900 N. OCEAN BLVD.  
SUITE 216  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

1720 HARRISON STREET  
18TH FLOOR  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

4900 NORTH OCEAN BLD.  
SUITE 216  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

1720 HARRISON STREET  
18TH FLOOR  
HOLLYWOOD, FL 33020

**FEI Number:** 65-1154895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: STERN, NICKY C  
Address: 4900 NORTH OCEAN BLVD., SUITE 216  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: CEO (X) Delete  
Name: LUCY, RIASCOS  
Address: 4900 N. OCEAN BLVD., SUITE 216  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: RIASCOS, LUCY  
Address: 824 SW 1ST STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY RIASCOS

PSTD

03/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date