

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90259 041 ***150.00

DOCUMENT # P02000008847

1. Entity Name

POWER MORTGAGE GROUP, INC.



Principal Place of Business

**17326 NW 61 PLACE
MIAMI FL 33015**

Mailing Address

**17326 NW 61 PLACE
MIAMI FL 33015**

2. Principal Place of Business

2131 Hollywood Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite # 307

Suite, Apt. #, etc.

City & State

Hollywood, FL 33020

City & State

4. FEI Number

02-0549922

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOYER, ALEX
17326 NW 61 PLACE
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

Alex Moyer

Street Address (P.O. Box Number is Not Acceptable)

17326 NW 61 PL

City

Miami

FL

Zip Code

33015

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **MOYER, ALEX**
STREET ADDRESS **17326 NW 61 PLACE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Daytime Phone #

4-8-04 954-924-9116