2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000017864

1. Entity Name

BAY MORTGAGE & INVESTMENTS CORPORATION



FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90083 022 ***150.00

Principal Plac	e of Business	Mailing Address								
7823 N. DALE MABRY HIGHWAY SUITE 104 TAMPA FL 33614		7823 N. DALE MABRY HIGHWAY SUITE 104 TAMPA FL 33614				J4UJ8279				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)				
City & State		City & State			4.	4. FEI Number 04-3594772 Applied For Not Applicable				
Zip	Country	Zip	try	5.	5. Certificate of Status Desired See Required Fee Required					
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
VAZQUEZ, ORLANDO				Name						
2912 BURR OAK DRIVE TAMPA FL 33618				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	e	
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. lyped 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						Election Campaign Financir Trust Fund Contribution.	ng 🗆		May Be I to Fees	
10.	0. OFFICERS AND DIRECTORS 11.				Α[DDITIONS/CHANGES TO OFFICER	S AND D	IBECTOR:	S IN 11	
TITLE	D	☐ Delete	TITLE	: .				Change	Addition	
NAME	VAZQUEZ, ORLANDO	LJ Doloto	NAM				L.	Onlings	Addition	
STREET ADDRESS	2912 BURR OAK DRIVE			ET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33618		CITY	-ST-ZIP					1	
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NAME	COOK, CARY	200 00000	NAM				_			
STREET ADDRESS	5102 BELMERE PK #1102		STRE	ET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33624		CITY	-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP						
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STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
12. Lhereby	ertify that the information supplied wit	h this tiling does not qualify for	the ever	motion stated i	n Contion	110 07/3\(i) Florido Statutas I fueb	or ontife	, that the is	ofo emotion	

indicated on this report or supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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