

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

DOCUMENT # P02000053360

1. Entity Name
MORTGAGE INVESTMENT SOLUTIONS, INC.



02-05-2004 90076 001 ***150.00
02-05-2004 90076 002 *****8.75

Principal Place of Business
**3630 NW 85TH WAY
APARTMENT 105
SUNRISE, FL 33351**

Mailing Address
**3630 NW 85TH WAY
APARTMENT 105
SUNRISE, FL 33351**



2. Principal Place of Business
**3630 NW 85th Way
Suite, Apt. #, etc.
105**

3. Mailing Address
**3630 NW 85th Way
Suite, Apt. #, etc.
105**

01182004 Chg-P CR2E034 (10/03)

City & State
Sunrise FL
Zip
33351
Country
USA

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Sunrise FL
Zip
33351
Country
USA

4. FEI Number
75-3059938
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALMARALES, SHEKIVAH
3630 NW 85TH WAY #105
SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCOTT, SHOMARI**
STREET ADDRESS **3630 NW 85TH WAY #105**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **D** ☐ Delete
NAME **ALMARALES, SHEKIVAH**
STREET ADDRESS **3630 NW 85TH WAY #105**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D** ☒ Change ☐ Addition
NAME **SCOTT, SHOMARI**
STREET ADDRESS **3630 NW 85th Way #105**
CITY-ST-ZIP **Sunrise FL 33351**

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

2-1-04 954-990-8001