


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90053 019 ***150.00

DOCUMENT # P02000061436	
1. Entity Name AAAA FLORIDA MORTGAGE INCORPORATED	

Principal Place of Business 1000 E. HILLSBOROUGH BLVD 104 DEERFIELD BEACH FL 33441	Mailing Address 1000 E. HILLSBOROUGH BLVD 104 DEERFIELD BEACH FL 33441
--	--

2. Principal Place of Business 1000 20863 Sonrisa way Suite, Apt. #, etc.	3. Mailing Address 20863 Sonrisa way Suite, Apt. #, etc.
---	---

City & State Boca Raton FL	City & State Boca Raton FL
Zip 33433	Zip 33433
Country Palm Bch	Country Palm Beach

4. FEI Number 82-0547108	<input checked="" type="checkbox"/> Applied For Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ARCHER, MARK S 551 NW 14TH AVENUE BOCA RATON FL FL	7. Name and Address of New Registered Agent Name: Mark S. Archer Street Address (P.O. Box Number is Not Acceptable): 20863 Sonrisa way City: Boca Raton FL Zip Code: 33433
--	--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARCHER, MARK S		NAME mark S. Archer	
STREET ADDRESS 551 NW 14TH AVENUE		STREET ADDRESS 20863 Sonrisa way	
CITY-ST-ZIP BOCA RATON FL 33486		CITY-ST-ZIP Boca Raton FL 33433	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		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: 	2/3/04	5612514615 9544180011
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>