

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 91043 050 ***150.00

DOCUMENT # P02000062307	
1. Entity Name PACIFIC MORTGAGE LENDING, INC.	

Principal Place of Business 2450 HOLLYWOOD BOULEVARD SUITE 500 HOLLYWOOD FL 33020	Mailing Address 2450 HOLLYWOOD BOULEVARD SUITE 500 HOLLYWOOD FL 33020
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66420986



MOORE CR2E034 (11/03)

2. Principal Place of Business 8751 W. Broward Blvd. Suite, Apt. #, etc. Suite 210 City & State Plantation, FL Zip 33324 Country USA	3. Mailing Address 8751 W. Broward Blvd. Suite, Apt. #, etc. Suite 210 City & State Plantation, FL Zip 33324 Country USA
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4. FEI Number 32-0019064	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHWARTZ, MICHAEL 2514 HOLLYWOOD BOULEVARD SUITE 508 HOLLYWOOD FL 33020	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Larry Goehrig* DATE 2/13/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOEHRRIG, LARRY 2450 HOLLYWOOD BLVD., STE 500 HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8751 W. Broward Blvd. Suite 210 Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Larry Goehrig* 5/1/04 954922550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #