## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000062928

FILED Mar 10, 2004 Secretary of State

Entity Name: THE BETTER CREDIT BETTER MORTGAGE.COM/FLORIDA CONSUMER CREDIT COALITION/BETTER

CREDIT USA GROUP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

146 NW 84TH WAY SUITE A-100

CORAL SPRINGS, FL 33071

**New Mailing Address: Current Mailing Address:** 

146 NW 84TH WAY SUITE A-100 CORAL SPRINGS, FL 33071

**FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FALLON, S M

HILLER, L M 4001 N. ÚNIVERSITY DRIVE 146 NW 84 WAY SUITE A-100 CORAL SPRINGS, FL 33071 SUNRISE, FL 33351 US

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.

SIGNATURE: L.M. HILLER 03/10/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: **PSTD** (X) Change ( ) Addition

HILLER, LEWIS M Name: Name: HILLER, L M

146 NW 84TH WAY #A-100 146 NW 84TH WAY #A-100 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071

Title: (X) Delete Title: TD () Change () Addition

KINCHEN, BUSH Name: Name: 195 NW 118 DR Address: Address: CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

NICOLUSI, LAUREL Name: Name: 146 NW 84 WAY STE A -100 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip:

Title: DS ( ) Delete Title: (X) Change ( ) Addition CALABICHBIS, EMMANUEL CALABICHBIS, EMMANUEL Name: Name: Address: 146 NW 84 WAY STREET 4-100 Address: 146 NW 84 WAY STREET 4-100 City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L.M. HILLER **PSTD** 03/10/2004