

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-12-2004 90030 023 ***150.00

DOCUMENT # P02000097680

1. Entity Name

1 FLORIDA MORTGAGE, INC.



Principal Place of Business

**6175 N.W 167TH STREET
SUITE # G-8
MIAMI FL 33015**

Mailing Address

**18246 MEDITERRANEAN BLV.
SUITE # 1002
MIAMI FL 33015**

2. Principal Place of Business

3. Mailing Address

6175 N.W 167TH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # G-8

City & State

MIAMI, FL

Zip

Country

Zip

Country

33015

USA



MOORE

CR2E034 (11/03)

4. FEI Number

13-4210342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, ENRIQUE H
18246 MEDITERRANEAN BLV.
SUITE # 1002
MIAMI FL 33015**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

6129 N.W 176 TE.

City **MIAMI**

FL

Zip Code

33015

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

GONZALEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-08-04

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 **P** ☐ Delete
NAME **GONZALEZ, ENRIQUE H**
STREET ADDRESS **18246 MEDITERRANEAN BLV. SUITE # 1002**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **6129 N.W 176 Te.**
CITY-ST-ZIP **MIAMI, FL, 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-04 305-828-2711

Date

Daytime Phone #