
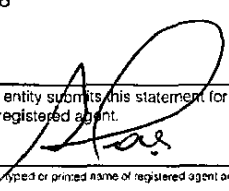
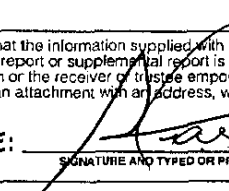


FILED  
May 05, 2004 8:00 am  
Secretary of State

05-05-2004 90194 025 \*\*\*158.75

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P02000110494</b>			
1. Entity Name NATIONS FINANCIAL MORTGAGE, INC.			
Principal Place of Business 8222 NW 14 ST. MIAMI, FL 33126		Mailing Address 8222 NW 14 ST. MIAMI, FL 33126	
2. Principal Place of Business 8300 NW 53 St Suite, Apt. #, etc. 101 City & State MIAMI FL Zip 33166		3. Mailing Address 8300 NW 53 St Suite, Apt. #, etc. 101 City & State MIAMI FL Zip 33166	
Country USA		Country USA	
4. FEI Number 36-4509814		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04282004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CASO, LUIS S 15472 SW 151 ST MIAMI, FL 33196		7. Name and Address of New Registered Agent Name ALVARO A. SAENZ Street Address (P.O. Box Number is Not Acceptable) 950 SW 104 CT. #306. City MIAMI FL Zip Code 33174	
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  DATE 04/28/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P CASO, LUIS S 15472 SW 151 ST MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SAENZ, ALVARO A 950 SW 104 CT #306 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		04/28/04 305.477 2888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	