## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Anr 16, 2005 08:00 AM

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DOCUMENT # P02000125513  1. Entity Name 1ST USA MORTGAGE OF MARGATE, INC.								Sec	retary	y of S	State
Principal Plac	on of Business	<del></del>		ailing Address			7				
Principal Place of Business				· <del>-</del> _							
263 S.STATE ROAD 7				P.O.BOX 223592							
MARGATE, FL 33068 — — — HOLLYWOOD, FL 33022-						2	 	83153    111   111    131    13	 	ENER NEEL NE	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt #, etc.			04132005	Chg-P	CR2E034		
City & State				City & State  Zip Country			4. FEI Numbe 71-092			No	pplied For at Applicable
Zip	Zip Country  6. Name and Address of Curren			·	Cour	ntry		of Status Desired	L-l Fe	8.75 Add ee Required	
	6. Name ar	nd Address of C	Current Regis	tered Agent			7. Name and	Address of New F	legistered Ag	ent	
OPENIE	JOHN					Name			•		!
GREENE, JOHN 261 S.STATE ROAD 7					Street Address	et Address (P.O. Box Number is Not Acceptable)					
	E, FL 33068		- +	4 - 4		and reading (1.0. box radiibal is not notebiguis)					
						City	<del></del>		FL	Zip Code	9
8. The above	named entity s	ubmits this state	ment for the r	purpose of changing it	s register	ed office or registe	ered agent or bot	n in the State of Fi		niliar with	and accept
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											
	E NOW!!! F ay 1, 2005 I			9. Election Camp Trust Fund Cor			5.00 May Be ded to Fees				
10.		S AND DIREC	CTORS		ADDITIONS)	CHANGES TO OFF	ICERS AND D	IRECTORS	3 IN 11		
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12. I hereby o	certify that the in	formation suppl	ied with this fi	ling does not aualify fo	or the exe	motion stated in S	ection 119 07/3\0	Forida Statutes	I further certify	that the in	formation
12. I hereby certify that the information supplied with this filling 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 his 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 appearance of the proposed of the corporation of the receiver or trustee empowered.											

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO