2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P02000128624** 04-12-2004 90318 042 ***158.75 1. Entity Name 1ST ALTERNATIVE MORTGAGE, INC. Mailing Address Principal Place of Business 250 WILSHIRE BLVD **44020102** 250 WILSHIRE BLVD SUITE 110 SUITE 110 CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04012004 Cha-P 4. FEI Number Applied For City & State City & State 76-0720056 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELGADO, IRIS Street Address (P.O. Box Number is Not Acceptable) 2526 KIOWA TRL FERN PARK, FL 32730 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. CD Change Addition TITLE Delete TITLE MENDEZ, BILLY S NAME NAME 229 Cumberland Cir West 487 JORDON STUART CIR #209 STREET ADDRESS STREET ADDRESS LONGWOOD, Fl 32779 CITY-ST-ZIP APOPKA, FL 32703 City-St-7IP MD X Change Addition TITLE ☐ Delete MILE MENDEZ, LENNY L NAME NAME 2526 Kiowa TR STREET ADDRESS 525 EL DORADO WAY STREET ADDRESS FERN PARK, FL 32730 CASSELBERRY, FL 32707 CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME DAVILA, LUIS NAME 2526 Kiowa TR STREET ADORESS 704 WILSHIRE DRIVE STREET ADDRESS FERN PARK FL 32730 CASSELBERRY, FL 32703 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE 229 Cumberland Cir. West DELGADO, IRIS NAME NAME 2526 KIOWA TRAIL STREET ADORESS STREET ADDRESS LONGWOOD, FL 32779 FERN PARK, FL 32730 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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: _

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