2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P02000135452 1. Entity Name FSBO MORTGAGE, INC. Principal Place of Business Mailing Address 15321 SOUTH DIXIE HWY., STE. #301 15321 SOUTH DIXIE HWY., STE. #301 MIAMI, FL 33156 MIAMI, FL 33156 03052004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3081251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent BELLINA, DANIEL J DO NOT WRITE 15321 SOUTH DIXIE HWY., STE. #301 MIAMI, FL 33156 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE BELLINA, DANIEL J NAME 15321 SOUTH DIXIE HWY., STE. #301 STREET ADDRESS //00000119806 04/19/04-80114-002 150.00 CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MILE

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 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

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED