


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90022 021 \*\*\*150.00

<b>DOCUMENT # P03000007530</b>			
1. Entity Name <b>REAL ESTATE &amp; MORTGAGE SOLUTIONS OF AMERICA, INC.</b>			
Principal Place of Business <b>1619 RED RUFFLE CT. GOTHA FL 34734</b>		Mailing Address <b>1619 RED RUFFLE CT. GOTHA FL 34734</b>	
2. Principal Place of Business <b>1624 COROLLA CT</b> Suite, Apt. #, etc. <b>Suite 3, Florida</b>		3. Mailing Address <b>1624 COROLLA CT</b> Suite, Apt. #, etc. <b>Suite 3, Florida</b>	
City & State <b>GOTHA FLORIDA</b>		City & State <b>GOTHA FLORIDA</b>	
Zip <b>34734</b>	Country <b>USA</b>	Zip <b>34734</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>DASS, JASMINE 1619 RED RUFFLE CT. GOTHA FL 34734</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DASS, JASMINE 1619 RED RUFFLE CT. GOTHA FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1624 COROLLA CT GOTHA FL 34734</b>
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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:** J. DASS (JASMINE DASS) **1/29/04** **4075796264**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #