


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-24-2004 90018 018 ***150.00

DOCUMENT # P03000014636

1. Entity Name
EXPRESS MORTGAGE LENDING CORP.



Principal Place of Business Mailing Address
6840 SW 40 ST. #202 **6840 SW 40 ST. #202**
MIAMI FL 33155 **MIAMI FL 33155**

66405700



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
6435 S.W. 24th Street **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FLORIDA **MIAMI FLORIDA**

4. FEI Number Applied For
51-0444521 Not Applicable

Zip Country Zip Country
33155 **U.S.A.** **33155** **U.S.A.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRYDIO, NORMA 6840 SW 40 ST. #202 MIAMI FL 33155		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRYDIO, NORMA		NAME	
STREET ADDRESS 6840 SW 40 ST. #202		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33155		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRYDIO, NORMA		NAME	
STREET ADDRESS 6840 SW 40 ST. #202		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33155		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Norma Strydio* Date: 2-5-04 Daytime Phone #: 305-796-8976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR