


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90042 044 ***150.00

DOCUMENT # P03000016423 1. Entity Name TERRA CAPITAL MORTGAGE CORP.					
Principal Place of Business 8180 N.W. 36TH STREET SUITE 215 MIAMI FL 33166			Mailing Address 8180 N.W. 36TH STREET SUITE 215 MIAMI FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1088531 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CERVINO, JOSE 8180 N.W. 36TH STREET SUITE 215 MIAMI FL 33166			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD		<input type="checkbox"/> Delete		
NAME	CERVINO, JOSE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	8180 N.W. 36TH STREET, SUITE 215		TITLE		
CITY-ST-ZIP	MIAMI FL 33166		NAME		
TITLE	VSD		STREET ADDRESS		
NAME	ZUNIGA, MARIA C		CITY-ST-ZIP		
STREET ADDRESS	8180 N.W. 36TH STREET, SUITE 215		TITLE		
CITY-ST-ZIP	MIAMI FL 33166		NAME		
TITLE			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			TITLE		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			TITLE		
CITY-ST-ZIP			NAME		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>Jose Cervino</u> 4/2/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					