2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90256 038 ***150.00

DOCUMENT # P03000019314

1. Entity Name
SOUTHPOINT MORTGAGES CORP.

Principal Place of Business	Mailing Address
19384 SW 103 CT. MIAMI, FL 33157	19384 SW 103 CT. MIAMI, FL 33157

44025763

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12271 SW 185 ter	12271 SW 185 ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33177 Country: U.S.A.	Zip: 33177 Country: U.S.A.

4. FEI Number 04-3742061 ☐ Applied For ☐ Not Applicable

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
RAMOS, ARMONDO 19384 SW 103 CT. MIAMI, FL 33157	Name: RAMOS, LAZARO D. Street Address (P.O. Box Number is Not Acceptable): 12271 S.W. 185 terr City: Miami **FL** Zip Code: 33177

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: Lazaro Ram 4-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RAMOS, ARMONDO 19384 SW 103 CT. MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RAMOS, LAZARO D. 12271 SW 185 ter Miami, FL 33177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAMOS, LAZARO 19384 SW 103 CT. MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAMOS, ARMANDO 12271 SW 185 ter Miami, FL 33177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NETO, MICHELLE 19384 SW 103 CT. MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Lazaro Ram 4-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #