

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000028097

Entity Name: LATOUR MORTGAGE CORP.

FILED
Dec 10, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 80-2408
AVENTURA, FL 33280

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 80-2408
AVENTURA, FL 33280

New Mailing Address:

FEI Number: 20-1926820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANGUZZA, JOSEPH
HYMAN KAPLAN GANGUZZA SPECTOR & MARS, P.A
150 WEST FLAGLER STREET SUITE 2701
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEFFENSEN, ANNE
Address: 1009 THISSTLE CREEK COURT
City-St-Zip: WESTON, FL 33327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SZABO, MARIAN
Address: P.O. BOX 80-2408
City-St-Zip: AVENTURA, FL 33280

Title: VP () Change (X) Addition
Name: MADOW, JASON
Address: P.O. BOX 80-2408
City-St-Zip: AVENTURA, FL 33280

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIAN SZABO

PD

12/10/2004

Electronic Signature of Signing Officer or Director

Date