


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000036072</b>	
1. Entity Name COCONUT GROVE MORTGAGE CO.	

Principal Place of Business 79 N HIBISCUS DRIVE MIAMI BEACH, FL 33139	Mailing Address P.O. BOX 332172 COCONUT GROVE, FL 33232-2172
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DO NOT WRITE IN THIS SPACE



05012005 No Chg-P CR2E034 (10/03)

4. FEI Number 73-1664694	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSENBERG, T  
79 N HIBISCUS DRIVE  
MIAMI BEACH, FL 33139

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IN THIS SPACE

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	14 ACCORDANCE WITH S 607.193 (2)(b), P.S., THE CORPORATION DID NOT RETURN THE FEE NOTE
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS D ROSENBERG, TERRENCE E 79 N. HIBISCUS DR. MIAMI BEACH, FL 33139
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05/24/05-80001-002 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  T. Rosenberg 4-30-05 305 491-7951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #