

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90008 021 ***150.00

DOCUMENT # P03000047742

1. Entity Name
VAZ MORTGAGE FUNDING INC.



Principal Place of Business
199 BOCA RATON RD., STE. 1A
BOCA RATON, FL 33432

Mailing Address
199 BOCA RATON RD., STE. 1A
BOCA RATON, FL 33432

44049830



2. Principal Place of Business

111 E BOCA RATON RD

3. Mailing Address

111 E BOCA RATON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202004

Chg-P

CR2E034 (10/03)

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

90-0076671

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZ, ANTHONY
199 BOCA RATON RD., STE. 1A
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
VAZ, ANTHONY

Street Address (P.O. Box Number is Not Acceptable)
111 E BOCA RATON RD

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

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

(NOTE: Registered Agent signature required when reinstating)

7/20/04

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAZ, ANTHONY
111 E BOCA RATON RD
BOCA RATON, FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/04