

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90307 008 ***158.75

DOCUMENT # P03000053897

1. Entity Name
J.P. MORTGAGE ALLIANCE, INC.



Principal Place of Business
22703 CAMINO DEL MAR #62
BOCA RATON, FL

Mailing Address
22703 CAMINO DEL MAR #62
BOCA RATON, FL

2. Principal Place of Business
22703 CAMINO DEL MAR

3. Mailing Address
22703 CAMINO DEL MAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#62

#62

City & State
BOCA RATON FLA.

City & State
BOCA RATON, FLA

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

020704149

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

Zip
33433

Country
USA

Zip
33433

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALUZZI, JOSEPH M
22703 CAMINO DEL MAR #62
BOCA RATON, FL

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

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
PALUZZI, JOSEPH M
22703 CAMINO DEL MAR #62
BOCA RATON, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PALUZZI, RENATO
9935 MAJESTIC WAY
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04 (Sat) 3380925