

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91035 030 \*\*\*150.00

**DOCUMENT # P03000064910**

1. Entity Name

AJL MORTGAGE, INC.



Principal Place of Business

1960 NW 190 TERRACE  
MIAMI FL 33056

Mailing Address

1960 NW 190 TERRACE  
MIAMI FL 33056

2. Principal Place of Business

99 NW 183 Street Suite 104

3. Mailing Address

99 NW 183 Street Suite 104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33169

Country

None

Zip

33169

Country

None

4. FEI Number

20-0357652

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

DUCLAS, REYNOLD  
701 PROMENADE DR  
STE 210  
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWNE, SONIA A	
STREET ADDRESS	1960 NW 190 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, ANTHONY	
STREET ADDRESS	1960 NW 190 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	Browne, Adrian	<input type="checkbox"/> Delete
NAME	1960 NW 190 Terrace	
STREET ADDRESS	Treasury	
CITY-ST-ZIP	Miami FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Sonia A Browne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Date

305 493 8481

Daytime Phone #