## 2004 FOR PROFIT CORPORATION

## Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000068963** 04-30-2004 90396 030 \*\*\*150.00 MORTGAGE HOUSE - CASA HIPOTECARIA, INC. Principal Place of Business Mailing Address 1946 16TH AVENUE 1946 16TH AVENUE VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 04272004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENINCASA, V.J. Street Address (P.O. Box Number is Not Acceptable) **1946 16TH AVENUE** VERO BEACH, FL 32960 Zip Code City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Change ■ Addition TITLE TUNBERG, VERA MAME NAME STREET ADDRESS 1900 6TH AVENUE S.E. STREET ADDRESS CITY-ST-ZIP VERQ BEACH, FL 32962 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition BENINCASA, DEIDAD NAME NAME 1620 CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP ☐ Change ☐ Defete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

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.

'era unbera NAME OF SIGNING OFFICER OR DIRECTOR