

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90010 016 ***150.00

DOCUMENT # P03000074504

1. Entity Name
MORTGAGE CENTER USA, INC.



Principal Place of Business
1900 W COMMERCIAL BLVD
159
FORT LAUDERDALE, FL 33309

Mailing Address
1900 W COMMERCIAL BLVD
159
FORT LAUDERDALE, FL 33309

54054584



2. Principal Place of Business
11555 HENON BAY BLVD
Suite, Apt. #, etc.
200

3. Mailing Address
11555 HENON BAY BLVD
Suite, Apt. #, etc.
200

03062003 Chg-P CR2E034 (10/03)

City & State
CORAL SPRINGS FL
Zip
33076 Country
Broward

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CORAL SPRINGS FL
Zip
33076 Country
Broward

4. FEI Number
20-0818800
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, WILLIAM
1900 W COMMERCIAL B LVD
159
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
Name
ELIZABETH M GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
11555 HENON BAY BLVD
#200
City
CORAL SPRINGS FL Zip Code
33076

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]* DATE 5-12-04
(NOTE: Registered Agent signature required when reinstating)

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	P GONZALEZ, WILLIAM 1900 WEST COMMERCIAL BLVD #159 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH M GONZALEZ 11555 HENON BAY BLVD. #200 CORAL SPRINGS FL, 33076	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* ELIZABETH M GONZALEZ DATE 5-12-04 DAYTIME PHONE 954-682-8715
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR