

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90308 008 ***150.00

DOCUMENT # P03000075059

1. Entity Name
SOUTH FLORIDA MORTGAGE INVESTORS INC.



Principal Place of Business
17520 NW 82 CT.
MIAMI, FL 33015

Mailing Address
17520 NW 82 CT.
MIAMI, FL 33015

2. Principal Place of Business

1665 W 68 St
Suite, Apt. #, etc.
104

3. Mailing Address

17520 NW 82 Ct
Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Miami, FL

Zip

33014

Country

USA

Zip

33015

Country



01052004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0078480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ANA G
17520 NW 82 CT.
MIAMI, FL 33015

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FERNANDEZ, ANA G
STREET ADDRESS 17520 NW 82 CT.
CITY-ST-ZIP MIAMI, FL 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

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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:

ANA Fernandez

4-1-03

305-362-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #