2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000075059 1. Entity Name SOUTH FLORIDA MORTGAGE INVESTORS INC.				04-28-2004 90308 008 ***150.00		
Principal Place	e of Business	Mailing Address		1		
17520 NW 82		17520 NW 82 CT.		-		
MIAMI, FL 33015 MIAMI, FL 33015						
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	ace of Business	3. Mailing Address) () = a)			
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104		oute, / pt. v, etc.		01052004 Chg-F	, CR2E03	4 (10/03)
City & State		City & State		4. FEI Number	2.1. 20	Applied For
Zip Country		Miani, Fl Zip Country		20-007	8480	Not Applicable
<u>330 (1</u>	1 USA	21088	Country	5. Certificate of Status D		88.75 Additional ee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address o	1.New Registered A	gent .
FERNANDEZ, ANA G						
17520 NW		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL	33015					
						T 7'. 0-1
			City	···	FL	Zip Code
	named entity submits this statement for ions of:registered agent.	the purpose of changing its re	gistered office or regist	ered agent, or both, in the Sta	ate of Florida. I am fa	miliar with, and accept
inc obligati	in the control of the				and a second of the contract of	
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	registered Agent signature requir	red when reinslating)	DATE	
After Ma	E NOW!!!FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0		ution Ac	5.00 May Be Ided to Fees		
10." -	OFFICERS AND E	DIRECTORS Delete	11.	ADDITIONS/CHANGES		
TITLE NAME	FERNANDEZ, ANA G	L. Delete	NAME			Change Addition
STREET ADDRESS	17520 NW 82 CT.		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		•	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

305-305-00