

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/5/2

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-05-2004 90347 001 ***317.50

DOCUMENT # P03000082140 1. Entity Name PREFERRED HOME LOANS, INC.					
Principal Place of Business 2350 SW 123RD AVENUE MIAMI, FL 33175			Mailing Address 2350 SW 123RD AVENUE MIAMI, FL 33175		
2. Principal Place of Business 9745 SUNSET DR #209 Suite, Apt. #, etc. MIAMI, FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 33173		Country US		03242004 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0142957		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CARNERO, SISI 2350 SW 123RD AVENUE MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CARNERO, SISI STREET ADDRESS 2350 SW 123RD AVENUE CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CARNERO, SISI STREET ADDRESS 2350 SW 123RD AVENUE CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			Date: 3/31/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		