## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2004 8:00 am Secretary of State

DOCUMENT # P0300086822  1. Entity Name MILESTONE MORTGAGE INC.						02-17-20	004 90005 005 *	**150.00	
Principal Place of Business  53 MILESTONE WAY WEST PALM BEACH, FL 33415  Mailing Address  53 MILESTONE WAY WEST PALM BEACH, FL 33415					=	664	03616		
2. Principal P	ace of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02132004	Chg-P	CR2E034 (10/03)		
City & State	•	City & State		4. FEI Numb	23834	65 N	pplied For ot Applicable		
Zip	Country			itry	5. Certificate of Status Desired See Required 5.				
	5. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
ALVADET ISMAEL				Name					
ALVAREZ, ISMAEL  53 MILESTONE WAY				_Street Address (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH, FL 33415				<del></del>					
				City			FL Zip Cor	de	
	named entity submits this statement to	r the purpose of changing it	s register	ed office or register	red agent, or bo	th, in the State of Flo	rlda. I am familiar with	, and accept	
the obligat	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent.	and trie if applicable. (NO	TE: Registers	d Agent signature requires	d when reinstating)	<u></u>	DATE		
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cor			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND DIRECTOR	RS IN 11	
TITLE	D	Delete 1			☐ Change ☐ Addition				
NAME STREET ADDRESS	ALVAREZ, ISMAEL 53 MILESTONE WAY		NAM	EET ADDRESS				1	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415			-ST-ZIP					
TITLE	☐ Delete IIT			F.			☐ Change	Addition	
NAME .				IE .					
STREET ADDRESS		•		EET ADDRESS					
CITY-ST-ZIP	,		_	/-ST-ZIP					
tit <u>le</u> Name		☐ Oeleta	TITL				☐ Change	Addition	
STREET ADDRESS	·	ę		EET ADORESS .				•	
CITY-ST-ZIP	v.		CITY	r-ST-ZIP					
TITUE	<u> </u>	Delete	ntr	For the Paris			z : zz = z = - □ 'Change	- Addition -	
NAME STREET ADDRESS	A Company of the Company	5 ·	MAIA STRI	EET ADDRESS					
CITY-ST-ZIP				(-ST-ZIP					
TITLE		☐ Deizte	TITL	£			. ☐ Charige	☐ Addition	
-NAME			NAM		•				
STREET ADORESS CITY-ST-ZIP				EET AOORESS (-ST-ZIP					
TITLE		☐ Delete	ITE	<u> </u>			☐ Change	Addition	
NAME		LJ Dece	NAM	<b>5</b>					
STREET ADDRESS		•		EET ADDRESS			•		
CITY-ST-ZIP				r-ST-ZIP	<del></del>				
12. I hereby indicated of the corchanged	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emo , or on an attachment with an addings.	n this liling does not qualify for strue and accurate and that wered to execute this report with all other like empowered	or the exe my signa n as requi d.	emption stated in Si ature shall have the ired by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes, ct as if made under es; and that my nam	I further certify that the bath; that I am an office e appears in Block 10	information or director or Block 11 if	
SIGNATURE: 2/13/04 54-6/6.9056									
	SIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING OFFICE	P OR INDIC	TOR		Date	Destina Photo 6	. 1	