

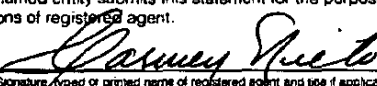
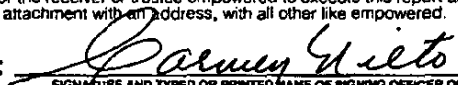


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90460 033 \*\*\*150.00

<b>DOCUMENT # P03000090571</b> 1. Entity Name <b>BC MORTGAGE CORP.</b>					
Principal Place of Business <b>1401 SW 135 TERR. #405 PEMBROKE PINES FL 33027</b>			Mailing Address <b>1401 SW 135 TERR. #405 PEMBROKE PINES FL 33027</b>		
2. Principal Place of Business <b>801 BRICKELL AVE</b> Suite, Apt. #, etc. <b>SUITE # 900</b> City & State <b>MIAMI FLORIDA</b> Zip <b>33131</b>		3. Mailing Address <b>801 BRICKELL AVE</b> Suite, Apt. #, etc. <b>SUITE # 900</b> City & State <b>MIAMI FLORIDA</b> Zip <b>33131</b>		<b>66423715</b>  MOORE CR2E034 (11/03)	
4. FEI Number <b>20-0076901</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>NIETO, CARMEN</b> <b>1401 SW 135 TERR. #405</b> <b>PEMBROKE PINES FL 33027</b>	
7. Name and Address of New Registered Agent Name <b>NIETO, CARMEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 BRICKELL AVE SUITE # 900</b> City <b>MIAMI</b> FL <b>33131</b>				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  DATE <b>4-21-2004</b> <small>Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CARMEN NIETO</b> <b>801 BRICKELL AVE # 900</b> <b>MIAMI FL 33131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OFFICER/DIRECTOR</b> <b>CARMEN NIETO</b> <b>801 BRICKELL AVE # 900</b> <b>MIAMI FL 33131</b>		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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:  <b>CARMEN NIETO</b> <b>PRESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4-21-04</b> Daytime Phone # <b>305-538-2239</b>					