## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Aug 16, 2004 8:00 am Secretary of State 08-16-2004 90013 047 \*\*\*158.75 DOCUMENT # P03000101768 FIRST COMMITTEE FUNDING GROUP INC. Mailing Address 44051854 Principal Place of Business 8177 SEVERN DRIVE 8177 SEVERN DRIVE **BOCA RATON, FL 33433** BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08122004 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Numbe Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHIEU. REGINALD Street Address (P.O. Box Number is Not Acceptable) 8177 SEVERN DR BOCA RATON, FL 33433 City Zip Code 8. The above named entity submits this statement to 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 SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MATHIÉU, REGINALD NAME 8177 SËVERN DR. #D STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition GREEN, OTIS NAME 3900 N.W. 179 ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33055 CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE THE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Allachment



## FIRST COMMITTEE FUNDING GROUP INC.

Licensed Mortgage Brokerage

44051854 # P03000101768

To\_Whom It May Concern:\_\_

I am writing this letter to express that I have never received any notification about this annual requirement. Now that I know of this form I will have it in promptly every year.

Yours truly

Keginala Mathieu