


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90086 043 ***158.75

DOCUMENT # P03000111362 1. Entity Name INTERFUND MORTGAGE CORP.			
Principal Place of Business 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432 FL		Mailing Address 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432 FL	
2. Principal Place of Business 7100 W. Camino Real Suite 402 Boca Raton, FL 33433 USA		3. Mailing Address 7100 W. Camino Real Suite 402 Boca Raton, FL 33433 USA	
4. FEI Number 75-3135930		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 BLOOM, ASHLEY B 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Brandon Brown, Elizabeth A Esq 9045 LA FONTANA BLVD. SUITE B-1 Boca Raton FL 33434	
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: <u><i>Brandon Brown Elizabeth</i></u> Brandon-Brown Elizabeth <u>4/21/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 P BLOOM, ASHLEY 7100 W. Camino Real Suite 402 Boca Raton FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P BLOOM, ASHLEY 7100 W. Camino Real Suite 402	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D TODD, MICHAEL G 2550 HAWTHORNE BLVD. Suite 207 BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D TODD, MICHAEL G 2550 HAWTHORNE BLVD. #207 BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LE GAULT, DONALD R 7100 W. Camino Real Suite 402 Boca Raton FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D LE GAULT, DONALD R 7100 W. Camino Real Suite 402 Boca Raton FL 33433	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST Schreiber, Monica 7100 W. Camino Real Suite 402 Boca Raton, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T Schreiber, Monica 7100 W. Camino Real #402 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input checked="" 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: <u><i>Ashley Bloom</i></u> Ashley Bloom <u>4/21/04</u> <u>(561) 417-7115</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			