2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004
Secretary of State

DOCUMENT# P03000117399

Entity Name: SAV-ON MORTGAGE, INC.

Current Principal Place of Business:

950 S PINE ISLAND RD, STE 150-1089
C/O MOHAMMAD KAMRAN HAFEEZ
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

950 S PINE ISLAND RD, STE 150-1089
C/O MOHAMMAD KAMRAN HAFEEZ
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 86-1085688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DSOUZA, ELIAS L ESQ
950 S PINE ISLAND RD, STE 150-1089
DIVALE TOLENTINO AND DSOUZA, P.A.
PLANTATION, FL 33324

Name and Address of New Registered Agent:

DSOUZA, ELIAS L ESQ
111 N PINE ISLAND RD, STE 205-B
DIVALE TOLENTINO AND DSOUZA, P.A.
PLANTATION, FL 33324

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.

SIGNATURE: ELIAS LEONARD DSOUZA 09/10/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAFEEZ, MOHAMMAD K
Address: 950 S PINE ISLAND RD, STE 150-1089
City-St-Zip: PLANTATION, FL 33324

Title: VD ( ) Delete
Name: DSOUZA, EVELINE F
Address: 950 S PINE ISLAND RD, STE 150-1089
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DSOUZA, EVELINE F
Address: 111 N PINE ISLAND RD, STE 205-B
City-St-Zip: PLANTATION, FL 33324

Title: VD (X) Change ( ) Addition
Name: FERNANDES, REMEDIA
Address: 111 N PINE ISLAND RD, STE 205-B
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELINE F. DSOUZA PD 09/10/2004
Electronic Signature of Signing Officer or Director Date