

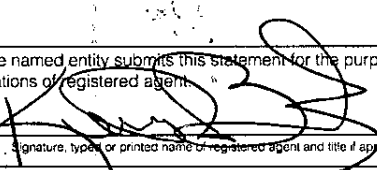
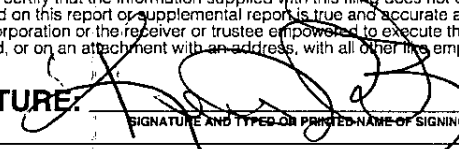


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90113 027 ***550.00

DOCUMENT # P03000130190					
1. Entity Name ALL-SECURED TITLE & TRUST GROUP, INC.					
Principal Place of Business 7975 NORTHWEST 155TH STREET, SUITE A MIAMI LAKES, FL 33016			Mailing Address 7975 NORTHWEST 155TH STREET, SUITE A MIAMI LAKES, FL 33016		
2. Principal Place of Business 7975 NW 155 St Suite, Apt. #, etc. A		3. Mailing Address 7975 NW 155 St Suite, Apt. #, etc. 224			
City & State Miami, Florida		City & State Miami, FL		4. FEI Number 43-2028718	
Zip 33016		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANON, WALTER A ESQ. 7975 NORTHWEST 155TH STREET, SUITE A MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name: Kendra A Bulluck Street Address (P.O. Box Number is Not Acceptable): 7975 NW 153 St City: 224 Miami FL Zip Code: 33014	
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: 9/4/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	D RIVERA, AHIZA <input checked="" type="checkbox"/> Delete 7171 PERSHING STREET HOLLYWOOD, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLUCK, KENDRA N <input type="checkbox"/> Delete 1790 NW 59 ST MIAMI, FL 33142		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 lines empowered.					
SIGNATURE: 			Date: 9/4/04 Daytime Phone #: (305) 231-2003		