

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

04-21-2004 90087 007 ***150.00

DOCUMENT # P04000002597					
1. Entity Name FLORIDA HOME MORTGAGE GROUP, INC.					
Principal Place of Business 85 MORNINGSIDE DR. CORAL GABLES, FL 33133 US			Mailing Address 85 MORNINGSIDE DR. CORAL GABLES, FL 33133 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 56-2441785				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUIAR, JOSE M JR 85 MORNINGSIDE DR. CORAL GABLES, FL 33133				7. Name and Address of New Registered Agent Name ZORAIDA AGUIAR Street Address (P.O. Box Number is Not Acceptable) 85 MORNINGSIDE DR. City CORAL GABLES FL Zip Code 33133	
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 obligation of registered agent.					
SIGNATURE 				DATE 4-17-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$330.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	☐ Delete				
NAME	VICE PRESIDENT				
STREET ADDRESS	ZORAIDA AGUIAR				
CITY-ST-ZIP	85 MORNINGSIDE DR. CORAL GABLES FL 33133				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
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)(f), 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 filers empowered.					
SIGNATURE:  Zoraida Aguiar 4-17-04 305-740-5672					
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR					

00441346



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