2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# P04000058818

Entity Name: MORTGAGE 4 LESS, INC.

Current Principal Place of Business:

14805 NE 6 AVENUE
MIAMI, FL 33161

New Principal Place of Business:

6910 STIRLING ROAD
DAVIE, FL 33317

Current Mailing Address:

14805 NE 6 AVENUE
MIAMI, FL 33161

New Mailing Address:

14901 S BISCAYNE RIVER DR
MIAMI, FL 33168

FEI Number: 51-0502989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, HURDUISE
14805 NE 6 AVENUE
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

SIMON, JOSEPH
14901 S BISCAYNE RIVER DR
MIAMI, FL 33168 US

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: JOSEPH SIMON 01/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIMON, HURDUISE
Address: 14805 NE 6 AVENUE
City-St-Zip: MIAMI, FL 33161

Title: V (X) Delete
Name: SIMON, JOSEPH
Address: 14805 NE 6 AVENUE
City-St-Zip: MIAMI, FL 33161

Title: S (X) Delete
Name: SANON, SARA
Address: 14805 NE 6 AVENUE
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SIMON, SIMON
Address: 14901 S BISCAYNE RIVER DR
City-St-Zip: MIAMI, FL 33168

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH SIMON P 01/25/2005
Electronic Signature of Signing Officer or Director Date