

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131610

**FILED**  
**Mar 16, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA MORTGAGE ADVISORS, INC.

**Current Principal Place of Business:**

5260 HAWK DR.  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

5260 HAWK DR.  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 59-3723970      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AFRICANO, TODD  
5260 HAWK DR.  
KISSIMMEE, FL 34746      US

**Name and Address of New Registered Agent:**

AFFRICANO, TODD  
5260 HAWK DR.  
KISSIMMEE, FL 34746      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: TODD AFFRICANO

03/16/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: AFRICANO, TODD  
Address: 5260 HAWK DR.  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: AFFRICANO, TODD  
Address: 5260 HAWK DR.  
City-St-Zip: KISSIMMEE, FL 34746

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: TODD AFFRICANO

PRES

03/16/2005

Electronic Signature of Signing Officer or Director

Date