


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90075 024 \*\*\*158.75

<b>DOCUMENT # P39550</b> 1. Entity Name AVATAR MORTGAGE FUNDING, INC.	
---	---

Principal Place of Business 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33314	Mailing Address 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33314
---	---

94068177



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0343033	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33314
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GETMAN, DENNIS J. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAIRY, CHARLES 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERRIGAN, JUANITA I. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMA, MICHAEL 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE: Juanita I. Kerrigan, Secretary 4/23/04 (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
JUANITA I. KERRIGAN