

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000018644 1. Entity Name BANKERS AMERICAN MORTGAGE CORPORATION		
Principal Place of Business 4624 HOLLYWOOD BLVD 203 HOLLYWOOD, FL 33021 US	Mailing Address 4624 HOLLYWOOD BLVD 203 HOLLYWOOD, FL 33021 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PERELMUTER, EYAL R 4624 HOLLYWOOD BLVD STE 203 HOLLYWOOD, FL 33021		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: <small>SIGNATURE, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARLEY, DONALD J 4324 HOLLYWOOD BLVD STE 203 HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERELMUTER, EYAL R 4624 HOLLYWOOD BLVD SUITE 203 HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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)(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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1-12-04 <small>Daytime Phone #</small>



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0398458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 01/15/04-800005-005 150.00