


2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03
Sec

DOCUMENT # P93000088356		
1. Entity Name SOUTH FLORIDA MORTGAGE CONSULTANTS, INC.		

Principal Place of Business 13499 BISCAYNE BLVD. TOWER SUITE 2 NORTH MIAMI, FL 33181	Mailing Address 13499 BISCAYNE BLVD. TOWER SUITE 2 NORTH MIAMI, FL 33181
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02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0463310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLIETSTRA, DANIEL J
13499 BISCAYNE BLVD.
TOWER SUITE 2
NORTH MIAMI, FL 33181

**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, 2005 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	P FLIETSTRA, DANIEL J 220 LAKEVIEW DR., #204 FT. LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/03/05-80099-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANIEL FLIETSTRA PRES. 2/1/05 (305)899-2800