

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062270

FILED
Jan 15, 2004
Secretary of State

Entity Name: FIRENZE TRUST MORTGAGE CORPORATION

Current Principal Place of Business:

100-A WESTWARD DRIVE
MIAMI SPRINGS, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

100-A WESTWARD DRIVE
MIAMI SPRINGS, FL 33166 US

New Mailing Address:

FEI Number: 65-0601667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAAVEDRA, ALDO L
100 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAAVEDRA, ALDO
Address: 100 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DST () Delete
Name: SAAVEDRA, ELSA L
Address: 100 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: WOLFF, ROBERTO
Address: 2555 COLLINS AVE., #2408
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: WOLFF, ELIANA R
Address: 2555 COLLINS RD #2408
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SAAVEDRA, ALDO
Address: 100 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: DST (X) Change () Addition
Name: SAAVEDRA, ELSA L
Address: 100 WESTWARD DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: DVP (X) Change () Addition
Name: WOLFF, ROBERTO
Address: 2555 COLLINS AVE., #2408
City-St-Zip: MIAMI BEACH, FL 33140 US

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: ROBERTO WOLFF

DVP

01/15/2004

Electronic Signature of Signing Officer or Director

_____ Date