


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90070 002 ***158.75

DOCUMENT # P95000071605			
1. Entity Name MAIN LINE MORTGAGE OF S. FLORIDA, INC.			
Principal Place of Business 2855 N. UNIVERSITY DR. #110 CORAL SPRINGS, FL 33065 US		Mailing Address 2740 E OAKLAND PARK BLVD #110 FT. LAUDERDALE, FL 33306 US	
2. Principal Place of Business 2740 E Oakland Park Blvd Suite, Apt. #, etc. Ste 101 City & State Fort Lauderdale, FL Zip 33304 Country USA		3. Mailing Address 2740 E Oakland Park Blvd Suite, Apt. #, etc. Ste 101 City & State Fort Lauderdale, FL Zip 33306 Country USA	
4. FEI Number 65-0617448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEKOFF, NELSON 2409 NW 49TH LANE BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEKOFF, NELSON 2409 NW 49TH LANE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u>2/18/05</u> Daytime Phone # _____	