


2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-30-2004 90312 025 ***150.00

FILE #P95000081047

04 MAY 14 PM 2:50

TALLAHASSEE, FLORIDA

DOCUMENT # P95000081047			
1. Entity Name FIDELITY MORTGAGE TRUST CORP.			
Principal Place of Business 8005 NW 155 ST UNIT A MIAMI, FL 33016 US		Mailing Address 8005 NW 155 ST UNIT A MIAMI, FL 33016 US	
2. Principal Place of Business 6710 Main street		3. Mailing Address 6710 Main street	
Suite, Apt. #, etc. 233		Suite, Apt. #, etc. 233	
City & State Miami Lakes		City & State Miami Lakes	
Zip 33014	Country US	Zip 33014	Country US
4. FEI Number 65-0614996		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 BERNFELD SPRITZER, SCHETLER SHEER 7700 NORTH KENDALL DRIVE PH 5 MIAMI, FL 33156		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	PSTD BRAMBLE, WILLIAM C JR. 531 OLEANDER DRIVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without other like empowered.			
SIGNATURE: <u>WC Bramble</u>		4/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	