

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004902

FILED
Apr 27, 2004
Secretary of State

Entity Name: HOUSING TRUST FINANCIAL GROUP, INC.

Current Principal Place of Business:

3225 AVIATION AVE #700
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3225 AVIATION AVE #700
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0629849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARCUS, STEWART
3225 AVIATION AVE #700
COCONUT GROVE, FL 33133

Name and Address of New Registered Agent:

BEZOLD, THOMAS
3225 AVIATION AVE #700
COCONUT GROVE, FL 33133

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: THOMAS J BEZOLD

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARCUS, STEWART
Address: 3225 AVIATION AVE., 7TH FLOOR
City-St-Zip: COCONUT GROVE, FL 33133

Title: EVPT () Delete
Name: REIGER, RANDY
Address: 3225 AVIATION AVE., 7TH FLOOR
City-St-Zip: COCONUT GROVE, FL 33133

Title: EVPS () Delete
Name: TEMING, PETER W
Address: 3225 AVIATION AVE., 7TH FLOOR
City-St-Zip: COCONUT GROVE, FL 33133

Title: SVP (X) Delete
Name: NORRIS, WAYNE O
Address: 3225 AVIATION AVE., 7TH FLOOR
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVPS (X) Change () Addition
Name: BEZOLD, THOMAS
Address: 3225 AVIATION AVE., 7TH FLOOR
City-St-Zip: COCONUT GROVE, FL 33133

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: THOMAS J BEZOLD

EVPS

04/27/2004

Electronic Signature of Signing Officer or Director

Date