

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90032 007 ***150.00

DOCUMENT # P96000045480

1. Entity Name--

FIRST FLORIDA MORTGAGE BROKERS, INC.



Principal Place of Business

1000 W. MCNAB RD
SUITE 165
POMPAHO BEACH FL 33069

Mailing Address

928 GREENWARD LANE
DELRAY BEACH FL 33445

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

MOORE

CR2E034 (11/03)

65-0677585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLMAN, PHYLLIS
928 GREENSWARD LANE
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name: ARWIN J. PERLMAN
Street Address (P.O. Box Number is Not Acceptable):
3115 S. OCEAN BLVD
APT 1104
City: HIGHLAND BEACH FL 33487

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: PERLMAN, PHYLLIS
STREET ADDRESS: 928 GREENSWARD LANE
CITY-ST-ZIP: DELRAY BEACH FL 33445

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☒ Change ☐ Addition
NAME: PERLMAN, PHYLLIS
STREET ADDRESS: 3115 S. OCEAN BLVD APT 1104
CITY-ST-ZIP: HIGHLAND BEACH FL 33487

TITLE: VICE PRESIDENT ☐ Change ☒ Addition
NAME: ARWIN J. PERLMAN
STREET ADDRESS: 3115 S. OCEAN BLVD APT 1104
CITY-ST-ZIP: HIGHLAND BEACH FL 33487

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICE PRES

JAN 31 04 561-477-6744