

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90016 015 ***150.00

DOCUMENT # P97000081684 1. Entity Name GUARANTEE MORTGAGE INC.			
Principal Place of Business 333 ARTHUR GENTRY AVE 33A MIAMI BEACH, FL 33140 US		Mailing Address 333 ARTHUR GENTRY AVE 33A MIAMI BEACH, FL 33140 US	
2. Principal Place of Business 1111 Brickell Ave Suite, Apt. #, etc. Suite 1100		3. Mailing Address 1111 Brickell Ave Suite, Apt. #, etc. Suite 1100	
City & State MIAMI FLORIDA Zip 33131 Country USA		City & State MIAMI FLORIDA Zip 33131 Country USA	
4. FEI Number 65-0788047		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIGIL, MICHAEL EDMUND 1540 MERIDIAN AVE #3A MIAMI BEACH, FL 33140		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: 4-3-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DP VIGIL, MICHAEL EDMUND 1540 MCRIDIAN AVE., #3-A MIAMI BEACH, FL 33139 <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:		Date 4-3-04 Daytime Phone # 305-579-0001	