

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90296 026 ***150.00

DOCUMENT # P98000008591

1. Entity Name

TRI-COUNTY EXPRESS MORTGAGE CORPORATION



Principal Place of Business

~~15327 NW 60TH AVE~~
~~SUITE 255~~
~~MIAMI LAKES FL 33014~~

Mailing Address

~~15327 NW 60TH AVE~~
~~SUITE 255~~
~~MIAMI LAKES FL 33014~~

2. Principal Place of Business

1601 N. PALM AVE.
Suite, Apt. #, etc.
304 C

3. Mailing Address

1601 N. PALM AVE.
Suite, Apt. #, etc.
304 C

City & State

PEMBROKE PINES, FLORIDA
Zip
33026 Country *USA*
BROWARD

City & State

PEMBROKE PINES, FL
Zip
33026 Country *U.S.A.*

4. FEI Number

65-0802629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CAMPOS, MARIO C
10841 PINES BLVD #109
PEMBROKE PINES FL 33027

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

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 **D** ☐ Delete
NAME **CAMPOS, MARIO C**
STREET ADDRESS **15327 NW 60 AVE STE 255**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **VP** ☐ Delete
NAME **CAMPOS, JAVIER E**
STREET ADDRESS **15327 NW 60 AVE, STE 255**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *1601 N. PALM AVE. SUITE 304C*
CITY-ST-ZIP *PEMBROKE PINES, FL 33026*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *1601 N. PALM AVE. STE. 304C*
CITY-ST-ZIP *PEMBROKE PINES, FL 33026*

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

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

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

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

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:

MARIO CAMPOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04
Date

954-392-7668
Daytime Phone #