2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000023330

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

04-28-2004 90218 032 ***150.00

1. Entity Nam NEW GEN		ORTGAGE & FINA	NCE GROUP, INC.										
Principal Place of Business		Mailing Address				T#ATA10A							
4300 NORTH UNIVERSITY DRIVE F 103 Lauderhill, Fl 33351 US		4300 NORTH UNIVERSITY DRIVE F 103 Lauderhill, FL 33351 US						SPA-CONT.	and galage				
2. Principal P	lace of Busine	ess	3. Mailing Address				:						
		ND PARK BLV		KLANI	D_PAI	RK B	LVD	#1 ()& IBIB! IBI	II 60III 38 III 1		- 118 T & \$41 B & 411	·	ÁSE II INGE
Suite, Apt.	#, etc. PE 201		Suite, Apt. #, etc. SUITE 201			012820	04 C	hg-P	C	R2E034 (10/03)		
City & State	e	RDALE, FL	City & State FORT LAUDE	E. FI	· .	4. FEI Nu 65-0	mber 821658					plied For t Applicable	
Zip 33313		Country USA	Zip 33313	Countr US A	ry		5. Certific	ate of Stat	s Desired	ı [75 Add Required	
	6. Name a	and Address of Current F	Registered Agent		Name		7. Name	and Addre	ss of New	Regis	tered Ager	t	
WASHING	TON, RUB	Y			Name V	VASH	INGTO	N, R	JBY				
4300 N. UN SUITE F-1	NIVESITY (03	DRIVE		-	Street Address (P.O. Box Number is Not Acceptable) 5950 W OAKLAND PARK BLVD SUITE 201								
LAUDERH	IILL, FL 33	351				re_2	01					2 2 1	
					City FORI	LA	UDERD	ALE			r- B	Zip Code 3 3 1 3	3
	e named entity tions of registe		the purpose of changing its	s registere	d office or	registere	ed agent, o	r both, in th	e State of i	Florida	. I am famil	lar with,	and accept
	An Ku	11/15/11/11							• •				
SIGNATURE	Signature, typedoi	r printed name of registered agent a	WASHINGTON und title if applicable. (NOT		JBY Agent signati	ure required	when reinstating])	A E	PRI	L 22,	2004	1
FIL	Signature typedybi	FEE IS \$150.00	und trie if applicable. (NO) 9. Election Campa	TE: Registered		\$5.	00 May Be		AL	PRI		<u>2004</u>	<u>1</u>
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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:

INAJURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBY WASHINGTON 04/22/2004

954-747-7677