

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90218 032 \*\*\*150.00

**DOCUMENT # P98000023330**

1. Entity Name  
**NEW GENESIS MORTGAGE & FINANCE GROUP, INC.**



Principal Place of Business  
**4300 NORTH UNIVERSITY DRIVE  
F 103  
LAUDERHILL, FL 33351 US**

Mailing Address  
**4300 NORTH UNIVERSITY DRIVE  
F 103  
LAUDERHILL, FL 33351 US**

**14010163**



2. Principal Place of Business  
**5950 W OAKLAND PARK BLVD**

3. Mailing Address  
**5950 W OAKLAND PARK BLVD**

Suite, Apt. #, etc.  
**SUITE 201**

Suite, Apt. #, etc.  
**SUITE 201**

01282004 Chg-P CR2E034 (10/03)

City & State  
**FORT LAUDERDALE, FL**

City & State  
**FORT LAUDERDALE, FL**

4. FEI Number  
**65-0821658**

Applied For  
Not Applicable

Zip  
**33313**

Country  
**USA**

Zip  
**33313**

Country  
**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASHINGTON, RUBY  
4300 N. UNIVERSITY DRIVE  
SUITE F-103  
LAUDERHILL, FL 33351**

Name  
**WASHINGTON, RUBY**

Street Address (P.O. Box Number is Not Acceptable)  
**5950 W OAKLAND PARK BLVD SUITE 201**

**SUITE 201**

City  
**FORT LAUDERDALE**

FL Zip Code  
**33313**

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: *Ruby Washington* **WASHINGTON, RUBY**

**APRIL 22, 2004**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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  
**PD  
RODNEY, SHAUN  
4300 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33351** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D  
RODNEY, SHAUN  
5950 W OAKLAND PARK BLVD STE. 201  
FORT LAUDERDALE, FL 33313** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPST  
WASHINGTON, RUBY  
4300 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33351** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/E/S/D  
WASHINGTON, RUBY  
5950 W OAKLAND PARK BLVD STE 201  
FORT LAUDERDALE, FL 33313** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *Ruby Washington*

**RUBY WASHINGTON 04/22/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-747-7677