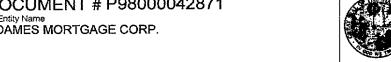
## 2005 FOR PROFIT CORPORATION →

## **ANNUAL REPORT** DOCUMENT # P98000042871 ADAMES MORTGAGE CORP.

**FILED** Apr 27, 2005 08:00 AM Secretary of State



Principal Place of Business 225 MIZNER BLVD

#300

BOCA RATON, FL 33432

SIGNATURE:

Mailing Address 162 NW 4TH AVE

BOCA RATON, FL 33432



O NOT WRIT	E IN	<b>THIS</b>	SPA	CE
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4,	FEI Number	Applied For
	65-0836607	Not Applicable

CR2E034 (10/03)

. Certificate of Status Desired		\$8.75 Additiona
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ADAMES, IRIS 162 NW 4TH AVE #B BOCA RATON, FL 33432

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

No Cha-P

04202005

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or registered agent, o	r both, in the State of Florida. I am famillar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature required when roinstating	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing \$5.00 May Be	3	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMES, IRIS 162 NW 4TH AVE #B BOCA RATON, FL 33432			U00000335294 04/27/05-80079-00	9 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D(	O NOT WRITE	
TITLE NAME STREET ADDRESS			IN	THIS SPACE	
CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,
I of the car	certify that the information supplied with this to don this report or supplemental report is true rporation or the receiver or trustee empowers , or on an attachment with an address with a	d to execute this report as requi	mption stated in Section 119.0 ture shall have the same legal red by Chapter 607, Florida St	7(3)(i), Florida Statutes. I further certify tha effect as if made under oath; that I am and atutes; and that my name appears in Block	the information officer or director 10 or Block 11 if

OF SIGNING OFFICER OR DIRECTOR