

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071160

FILED
Jan 10, 2004
Secretary of State

Entity Name: FAMILY AMERICA MORTGAGE CORP.

Current Principal Place of Business:

2937 SW 27TH AVE
STE 201
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

1430 MESSINA AVE.
CORAL GABLES, FL 33134 US

New Mailing Address:

1312 OBISPO AVE.
CORAL GABLES, FL 33134 US

FEI Number: 65-0856617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY ZAWADZKI, GARY
1430 MESSINA AVE
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

STANLEY ZAWADZKI, GARY
1312 OBISPO AVE.
CORAL GABLES, FL 33134

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.

SIGNATURE: GARY STANLEY ZAWADZKI

01/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: STANLEY ZAWADZKI, GARY
Address: 1430 MESSINA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ZAWADZKI, GARY S
Address: 1312 OBISPO AVE.
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY STANLEY ZAWADZKI

PRES

01/10/2004

Electronic Signature of Signing Officer or Director

Date