

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001626

Entity Name: ANC MORTGAGE INC.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

12350 SW 132 CT  
SUITE 101  
MIAMI, FL 33183

## New Principal Place of Business:

7990 SW 117TH AVE  
SUITE 210  
MIAMI, FL 33183

## Current Mailing Address:

12350 SW 132 CT  
SUITE 101  
MIAMI, FL 33183

## New Mailing Address:

PO BOX 832406  
MIAMI, FL 33283

FEI Number: 65-0885439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, ARMANDO O  
7671 SW 133 AVE  
MIAMI, FL 33183 US

## Name and Address of New Registered Agent:

ALVAREZ, ROSA  
PO BOX 832406  
MIAMI, FL 33283 US

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: ROSA ALVAREZ

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TORRES, ARMANDO O  
Address: 7671 SW 133 AVE  
City-St-Zip: MIAMI, FL 33183

Title: VPT ( ) Delete  
Name: CARRERA, NIVIA M  
Address: 13304 SW 73 TE  
City-St-Zip: MIAMI, FL 33183

Title: VP ( ) Delete  
Name: TORRES, VALERIA S  
Address: 7671 SW 133 AVE  
City-St-Zip: MIAMI, FL 33183

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TORRES, ARMANDO O  
Address: PO BOX 832406  
City-St-Zip: MIAMI, FL 33283 US

Title: VPS (X) Change ( ) Addition  
Name: CARRERA, NIVIA M  
Address: PO BOX 832406  
City-St-Zip: MIAMI, FL 33283 US

Title: VPT (X) Change ( ) Addition  
Name: TORRES, VALERIA S  
Address: PO BOX 832406  
City-St-Zip: MIAMI, FL 33283 US

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: VALERIA S. TORRES

VPT

04/28/2004

Electronic Signature of Signing Officer or Director

Date