

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90128 012 ***150.00

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1. Entity Name

THE AFFINITY MORTGAGE GROUP, INC.



Principal Place of Business

1900 CORPORATE BLVD., SUITE 225 WEST
BOCA RATON, FL 33431

Mailing Address

1900 CORPORATE BLVD., SUITE 225 WEST
BOCA RATON, FL 33431

50029889



03142005

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0890892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSSO, ROBERT M
1900 CORPORATE BLVD., SUITE 400 EAST
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUSSO, ROBERT M
STREET ADDRESS 1900 CORPORATE BLVD., SUITE 400 EAST
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M Russo

3/17/05

Date

Daytime Phone #