

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91032 030 \*\*\*150.00

**DOCUMENT # P99000022060**

1. Entity Name

**PRIVATE MORTGAGE INVESTORS, INC.**



Principal Place of Business

**801 BRICKELL AVENUE  
#905  
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE  
#905  
MIAMI FL 33131**

**94082321**



MOORE CR2E034 (11/03)

2. Principal Place of Business

**1221 Brickell Avenue**

3. Mailing Address

**Same as #2**

Suite, Apt. #, etc.

**2650**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

4. FEI Number

**65-0903076**

Applied For

Not Applicable

Zip

**33131**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DORTA, HUGO E PA  
801 BRICKELL AVENUE  
#905  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Hugo E. Dorta**

Street Address (P.O. Box Number is Not Acceptable)

**1221 Brickell Avenue**

**Suite 2650**

City **Miami**

**FL**

Zip Code **33131**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DORTA, HUGO E</b>	
STREET ADDRESS	<b>801 BRICKELL AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hugo E. Dorta</b>	
STREET ADDRESS	<b>1221 Brickell Avenue, Suite 2650</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**4/27/04**

Date

**(305) 325-1010**

Daytime Phone #