2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000022623

1. Entity Name
FIRST MORTGAGE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
501 GOLDEN ISLES DR 206A HALLANDALE, FL 33009	501 GOLDEN ISLES DR 206A HALLANDALE, FL 33009

01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0901344

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOLEDO, GRACIELA F
522 NE 199TH LANE
N MIAMI, FL 33179

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: _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	TOLEDO, GRACIELA F
STREET ADDRESS	522 NE 199 LANE #2
CITY ST ZIP	N MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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TITLE	
NAME	
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CITY ST ZIP	

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01/26/04-80022-010 178.75

DO NOT WRITE 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: Graciela F. Toledo GRACIELA F. TOLEDO 01/08/04 954-889-8350

SIGNATURE AND TITLE/STATUS TYPED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE #