


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90059 016 ***150.00

DOCUMENT # P99000062523	
1. Entity Name MONEY FOUR MORTGAGES, INC.	

Principal Place of Business 1114 NORTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435	Mailing Address 1114 NORTH FEDERAL HIGHWAY SUITE #6 BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0933959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SPIRO, MELINDA L <i>WORK ADDRESS</i> 640 EAST OCEAN AVE #21 1114 N. FEDERAL HWY BOYNTON BEACH, FL 33435 #6 <i>RESIDENCE:</i> 9382 AQUA VISTA BLVD BOYNTON BEACH, FL 33437	

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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SPIRO, MELINDA L 9382 AQUA VISTA BOULEVARD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: <i>Melinda L. Spiro President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-03-2004 561-732-9110 Date Daytime Phone #
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