

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**4. Apr 22, 2005 8:00 am
Secretary of State**

04-04-2005 90067 021 ***150.00

DOCUMENT # S48944 1. Entity Name AFFILIATED MORTGAGE COMPANY	
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Principal Place of Business 1300 SE 17 ST SUITE 202 FT. LAUDERDALE, FL 33316	Mailing Address 1300 SE 17 ST SUITE 202 FT. LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0270395	Applied For ☐ Not Applicable
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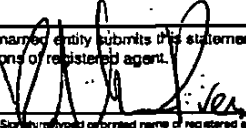
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GOLLIN, RICHARD
1300 SE 17 ST
STE 202
FT. LAUDERDALE, FL 33316**

**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 **3-29-05**

Signature typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

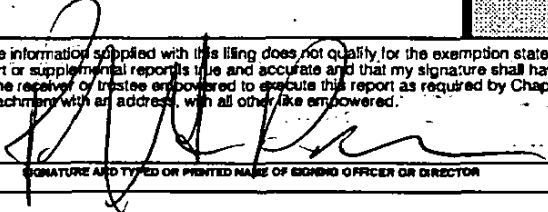
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOLLIN, RICHARD J. 1300 SE 17 ST SUITE 202 FT. LAUDERDALE, FL
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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 reports 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:  DATE **3-29-05** 954 7670663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR