


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S53134</b>		
1. Entity Name MORTGAGE AND REALTY INVESTMENT CORPORATION OF THE SOUTHEAST		
Principal Place of Business 550 BILTMORE WAY 700 CORAL GABLES, FL 33134 US	Mailing Address 550 BILTMORE WAY 700 CORAL GABLES, FL 33134 US	
<b>DO NOT WRITE IN THIS SPACE</b>		



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0263896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  POLLER, NEALE J 550 BILTMORE WAY #700 CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000157326 05/06/04-80022-009 150.00
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<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMNER, ALFRED R. 550 BILTMORE WAY, SUITE 700 CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMNER, ANNE S 550 BILTMORE WAY #700 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMNER, DANIELLE 550 BILTMORE WAY, SUITE 700 CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMNER, ERRIN 550 BILTMORE WAY #700 CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMNER, LAUREN 550 BILTMORE WAY #700 CORAL GABLES, FL	
TITLE 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)(f), 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:** \_\_\_\_\_ **DATE:** 4/26/04 **DAYTIME PHONE #:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR