

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S60016

FILED
Apr 30, 2005
Secretary of State

Entity Name: BROWARD MORTGAGE AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

6412 N UNIVERSITY DR
SUITE #142
TAMARAC, FL 33321 US

New Principal Place of Business:

6412 N UNIVERSITY DRIVE
SUITE #142
TAMARAC, FL 33321 US

Current Mailing Address:

6412 N UNIVERSITY DR
SUITE #142
TAMARAC, FL 33321 US

New Mailing Address:

6412 N UNIVERSITY DRIVE
SUITE #142
TAMARAC, FL 33321 US

FEI Number: 65-0278337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLLEY, GEORGE S
3296 LAKEVIEW BLVD
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

MANSOUR, MICHAEL C
6412 N UNIVERSITY DRIVE
SUITE # 142
TAMARAC, FL 33321 US

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.

SIGNATURE: MICHAEL MANSOUR

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANSOUR, ANTONIETTE
Address: 6412 N. UNIVERSITY DR. #142
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANSOUR, ANTONIETTE
Address: 6412 N. UNIVERSITY DR. # 142
City-St-Zip: TAMARAC, FL 33321 US

Title: DIR () Change (X) Addition
Name: MANSOUR, ANN M
Address: 9942 SW 1ST COURT
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN M. MANSOUR

DIR

04/30/2005

Electronic Signature of Signing Officer or Director

Date