

FILED

Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90077 026 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S94110

1. Entity Name
ALL IN ONE MORTGAGE COMPANY



Principal Place of Business
299 ALHAMBRA CIR
STE 316
CORAL GABLES, FL 33134 US

Mailing Address
299 ALHAMBRA CIR
STE 316
CORAL GABLES, FL 33134 US



08302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0298446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ELIO M
299 ALHAMBRA CIRCLE #316
% ALL-IN-ONE MORTGAGE COMPANY
CORAL GABLES, FL 33134

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RODRIGUEZ, ELIO M.
299 ALHAMBRA CIR #316
CORAL GABLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-30-04 3054430096

Date

Daytime Phone #

ALL-IN-ONE MORTGAGE CO.

Attachment
#S94110
24683175

299 Alhambra Circle, Suite # 316
Coral Gables, FL. 33134

Phone 305-443-0096
Fax 305-441-7184

August 30th, 2004

Florida Department Of State
Division Of Corporation
P.O. Box 6327
Tallahassee, Florida.

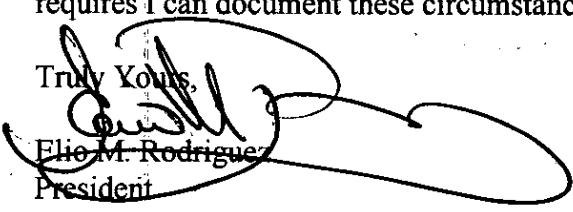
Re : Uniform Business Report

To Whom It May Concern,

Enclosed please accept my filing of the corporation and a check for the filing fees. I kindly request that the late fees be taken into consideration by the state, due to the fact that I was hospitalized and in rehabilitation from an accident I had early this year and nearly took my life.

In view of these circumstance, I would be grateful giving the opportunity to reinstate my corporation and rebuild my life again. These fees do make a difference when little or no income is being received. I am grateful that God allow me a chance to start my life again ! If the state requires I can document these circumstance.

Truly Yours,


Elio M. Rodriguez
President

cc. File