

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44278

FILED
Apr 30, 2004
Secretary of State

Entity Name: INSTITUTIONAL MORTGAGES, INC.

Current Principal Place of Business:

700 NW 107 AVENUE
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

700 NW 107 AVENUE
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0344327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTTERFIELD, BENJAMIN P ESQ.
700 N.W. 107 AVE.
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: IRVINE, PATRICIA
Address: 730 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: DV () Delete
Name: REED, LINDA
Address: 730 N.W. 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: DVAS () Delete
Name: KAMINSKY, NANCY
Address: 730 N.W. 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: V () Delete
Name: JOHNSON, ED
Address: 730 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DPC () Delete
Name: PEKOR, ALLAN J
Address: 730 NW 107 AVE
City-St-Zip: MIAMI, FL 33172 US

Title: VST () Delete
Name: MUNOZ, JANICE
Address: 730 N.W. 107TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANICE MUNOZ

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04/30/2004

Electronic Signature of Signing Officer or Director

Date