
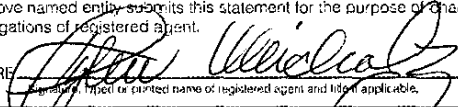
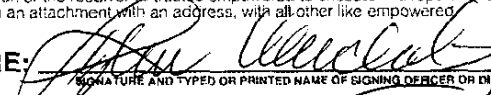


**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90018 031 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # K04510</b>			
1. Entity Name <b>PREFERRED NATIONAL FINANCIAL CORP.</b>			
Principal Place of Business 210 UNIVERSITY DR., #900 CORAL SPRINGS, FL 33071		Mailing Address PO BOX 770668 CORAL SPRINGS, FL 33077-0668	
2. Principal Place of Business <b>925 S. Federal Hwy</b>		3. Mailing Address <b>925 S. Federal Hwy</b>	
Suite, Apt #, etc. <b>Suite 715</b>		Suite, Apt. #, etc. <b>Suite 715</b>	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>	
Zip <b>33432</b>	Country	Zip <b>33432</b>	Country
4. FEI Number <b>65-0015690</b>		Applied For <input type="checkbox"/> 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 <b>WEICHOLZ, STEPHEN 210 UNIVERSITY DR., SUITE 900 CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>Stephen Weicholz</b> Street Address (P.O. Box Number is Not Acceptable) <b>925 S. Federal Hwy</b> <b>Suite 715</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>	
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 <b>01/05/2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WEICHOLZ, STEPHEN 210 UNIVERSITY DR CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Stephen Weicholz 925 S. Federal Hwy Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		President <b>01/05/2004</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

24001320

