2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003
Secretary of State

DOCUMENT# K08085

Entity Name: ABERCROMBIE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

16115 SW 117TH AVENUE
25
MIAMI, FL 33177 US

New Principal Place of Business:

16115 SW 117TH AVENUE
SUITE 25
MIAMI, FL 33177 US

Current Mailing Address:

16115 SW 117TH AVENUE
25
MIAMI, FL 33177 US

New Mailing Address:

16115 SW 117TH AVENUE
SUITE 25
MIAMI, FL 33177 US

FEI Number: 65-0019920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABERCROMBIE, WRAY
16115 SW 117 AVENUE
25
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

ABERCROMBIE, WRAY
16115 SW 117TH AVENUE
SUITE 25
MIAMI, FL 33177 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: _____ 03/07/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ABERCROMBIE, W W
Address: 16115 SOUTHWEST 117TH AVENUE SUITE #25
City-St-Zip: MIAMI, FL

Title: VPD ( ) Delete
Name: ABERCROMBIE, KAREN
Address: 16115 SOUTHWEST 117TH AVENUE SUITE #25
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ABERCROMBIE, W W
Address: 16115 SW117TH AVENUE SUITE 25
City-St-Zip: MIAMI, FL 33177

Title: VPD (X) Change ( ) Addition
Name: ABERCROMBIE, KAREN
Address: 16115 SW 117TH AVENUE SUITE 25
City-St-Zip: MIAMI, FL 33177

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: WRAY ABERCROMBIE D 03/07/2003
Electronic Signature of Signing Officer or Director — Date