2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000026736

1. Entity Name

MEDFIRST FINANCIAL SERVICES, INC.

FILED

04 MAY -7 PM 5:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MOORE CR2E034 (11/03) 04

Principal Place of Business	Mailing Address
~~7524 BUCCANEER AVENUE~~ ~~NORTH BAY VILLAGE FL 33141~~	3200 PORT ROYALE DRIVE N #704 FT. LAUDERDALE FL 33308

2. Principal Place of Business		3. Mailing Address	
3200 Port Royale Dr. N.			
Suite, Apt. #, etc. # 704		Suite, Apt. #, etc.	
City & State Ft. LAUDERDALE, FL		City & State	
Zip 33308	Country USA	Zip	Country

4. FEI Number 52-2226824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EINBENDER, JOYCE
~~1524 BUCCANEER AVE~~ 1800 N.E. 114th St.
~~NORTH BAY VILLAGE FL 33141~~ # 1002
MIAMI, FL. 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	DP ☐ Delete EINBENDER, JOYCE ~~7524 BUCCANEER AVENUE~~ 1800 N.E. 114th St. #1002 ~~NORTH BAY VILLAGE FL 33141~~ MIAMI, FL. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☐ Delete KLINE, STARLETT 3200 PORT ROYALE DRIVE #704 FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500003655185 5 05/18/04--01053--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: StArlett KLINE Starlett Kline — 4-15-04 — 954-771-9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #