

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90144 028 ***150.00

DOCUMENT # P02000052178

1. Entity Name
LADO FINANCIAL, INC.



Principal Place of Business
PO BOX 160064
ALTAMONTE SPRINGS, FL 32716

Mailing Address
PO BOX 160064
ALTAMONTE SPRINGS, FL 32716

44061523



2. Principal Place of Business
6477 Conroy Road
Suite, Apt. #, etc.
#516

3. Mailing Address
20 N ORANGE AVE
Suite, Apt. #, etc.
Suite 407

02102004 Chg-P CR2E034 (10/03)

City & State
Orlando, FL
Zip
32835
Country

City & State
Orlando, FL
Zip
32801
Country

4. FEI Number
71-0891746
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HENDRY, STONER, DELANCETT & BROWN, P.A.
20 N. ORANGE AVENUE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 407
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 *Is Steven Brown 2/11/04*

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

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	PSTD MALO, VICTOR A 301 E PINE STE STE 150 ORLANDO, FL 32801 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition <i>PO Box 160064 Altamonte Springs FL 32716</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition <i>4630 S. Kirkman Rd #802 Orlando, FL 32811-2802</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

Daytime Phone #