
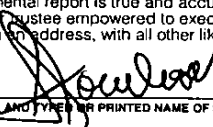


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90567 033 ***150.00

DOCUMENT # P04000026442					
1. Entity Name ADVISORS FINANCIAL CORPORATION					
Principal Place of Business 3601 W. COMMERCIAL BLVD. SUITE # 39 FORT LAUDERDALE, FL 33309 US			Mailing Address 5434 W. SAMPLE ROAD # 239 MARGATE, FL, FL 33073 US		
2. Principal Place of Business 4613 North University Drive		3. Mailing Address 4613 North University Drive			
Suite, Apt. #, etc. #237		Suite, Apt. #, etc. # 237			
City & State Coral Springs, FL		City & State Coral Springs, FL		4. FEI Number 65-1109314	
Zip 33067		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMBROW, ALLAN B 3601 W. COMMERCIAL BLVD. SUITE # 39 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 4613 North University Drive # 237		
			City Coral Springs		
			State FL		
Zip Code 33067					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOMBROW, ALLAN B	NAME	4613 North University Drive #237		
STREET ADDRESS	5434 W. SAMPLE ROAD # 239	STREET ADDRESS	Coral Springs, FL 33067		
CITY-ST-ZIP	MARGATE, FL 33073	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOMBROW, ALLAN B	NAME	4613 north University Drive # 237		
STREET ADDRESS	5434 W. SAMPLE ROAD # 239	STREET ADDRESS	Coral Springs, FL 33067		
CITY-ST-ZIP	MARGATE, FL 33073	CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 of 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: 		ALLAN B Dombrow		4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 954-777-0257	