


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

05-04-2004 90198 005 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000008353

1. Entity Name
FINANCIAL ADMINISTRATORS, INC.



Principal Place of Business Mailing Address
7900 ISLAND BLVD **7900 ISLAND BLVD**
AVENTURA, FL 33160 US **AVENTURA, FL 33160 US**

24068446



2. Principal Place of Business 3. Mailing Address
18140 COLLINS AVENUE **18140 COLLINS AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State City & State
SUNNY ISLES BEACH, FL **SUNNY ISLES BEACH, FL**
 Zip Country Zip Country
33160 **USA** **33160** **USA**

4. FEI Number Applied For
65-0553230 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MATUS, ALAN 7900 ISLAND BLVD. AVENTURA, FL 33160		Name MATUS, ALAN Street Address (P.O. Box Number is Not Acceptable) 4000 ISLAND BOULEVARD, PH2 City State Zip Code AVENTURA FL 33160	

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:  **ALAN MATUS (PRESIDENT)** 04-28-04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATUS, ALAN 7900 ISLAND BLVD. WILLIAMS ISLAND, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S,T MATUS, ALAN 4000 ISLAND BOULEVARD, PH2 AVENTURA, FL, 33160 <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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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:  **ALAN MATUS** 04-28-04 (305) 933-7826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #