2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, 2004 8:00 am Secretary of State DOCUMENT # P9800000145 1. Entity Name 01-30-2004 90071 004 ***150.00 MORENO FINANCIAL SERVICES, P.A. Principal Place of Business Mailing Address 15 W CHURCH ST STE 201 15 W CHURCH ST STE 201 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3487411 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Elizabeth Moreno HARAMBOURE MORENO, ANTONIO L SR Street Address (P.O. Box Number is Not Acceptable) 15 W. CHURCH STreet St 15 W CHÚRCH ST STE 201 ORLANDO FL 32801 () RLANDO Zip Code 3280 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 againt. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE MORENO, ANTONIO L SR Elizabeth Moreno-Haramboure NAME NAME 15 W. CHURCH Street, Suite 201 15 W CHURCH ST STE 201 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP ORLANDO, FLORIDA 32801 CITY-ST-ZIP ☐ Change Addition ٧S Delete TITLE TITLE MORENO, MIRIAM R NAME STREET ADDRESS 15 W CHURCH ST STE 201 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition TITLE ☐ Delete 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 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.

FILED