

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90165 005 ***150.00

DOCUMENT # P00000103890 1. Entity Name ARTHUR PALERMO JR. FINANCIAL SERVICES, INC.			
Principal Place of Business 5400 SOUTH UNIVERSITY SUITE 119 DAVIE, FL 33328		Mailing Address 5400 SOUTH UNIVERSITY SUITE 119 DAVIE, FL 33328	
2. Principal Place of Business 5400 S. UNIVERSITY DR. SUITE 119 DAVIE, FL 33328		3. Mailing Address 5400 S. UNIVERSITY DR. SUITE 119 DAVIE, FL 33328	
Suite, Apt. #, etc. Suite 119		Suite, Apt. #, etc. Suite 119	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33328		Zip 33328	
Country 		Country 	
4. FEI Number 65-1050771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALERMO, ARTHUR JR 5400 SOUTH UNIVERSITY SUITE 119 DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5400 S. UNIVERSITY DRIVE SUITE 119 City DAVIE FL 33328	
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 _____ (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. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete PALERMO, ARTHUR JR 5400 SOUTH UNIVERSITY SUITE 119 DAVIE, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5400 S. UNIVERSITY DR. SUITE 119 DAVIE, FL 33328
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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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
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: CPA Arthur Palermo Jr 4/22/04 (954) 252-9622			

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04192004 Chg-P CR2E034 (10/03)