2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087332

City-St-Zip:

POMPANO BEACH, FL 33069 US

Entity Name: FL FINANCIAL SERVICES INC

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business:				New Princi	New Principal Place of Business:			
	TLANTIC BLV	D.						
104 POMPANO	O BEACH, FL	33069	US					
Current Mailing Address:				New Mailin	New Mailing Address:			
	TLANTIC BLV	D.						
104 POMPANO	O BEACH, FL	33069	US					
FEI Number:	: 26-0640487	FEI Nu	ımber Applied For()	FEI Number Not Applic	able ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and A	Name and Address of New Registered Agent:			
ROMANOVA, SVETLANA 8802 RIVERSIDE STREET TAMARAC, FL 33321 US				6952 BROO	VARON, TATIANA 6952 BROOK HOLLOW RD LAKE WORTH, FL 33467 US			
	e named entity e of Florida.	submits	this statement for the	purpose of changing its	s registered o	office or registered agent, or bo	oth,	
SIGNATU	RE: TATIANA	A VARO	N			04/01/2008		
	Electro	nic Signa	ature of Registered Ag	ent		Date	_	
Election Car	mpaign Financir	ng Trust F	und Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (VELASQUEZ, 2700 W ATLAI POMPANO BE	NTIC BLVE		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	SVP (VARON, TATIA 2700 W ATLAI POMPANO BE	NTIC BLVE		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address:	VP () ROMANOVA, (2700 W ATLAI			Title: Name: Address:	()) Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TATIANA VARON SVP 04/01/2008