

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2004 08:00 AM
Secretary of State**

DOCUMENT # 265003

1. Entity Name
LAUDERDALE FINANCE CO.



Principal Place of Business
**4100 GALT OCEAN DRIVE., APT 1510
FORT LAUDERDALE, FL 33308**

Mailing Address
**4100 GALT OCEAN DRIVE., APT 1510
FORT LAUDERDALE, FL 33308**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0994111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MULLEN, MARY I
4100 GALT OCEAN DR #1510
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

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

TITLE	P
NAME	MULLEN, MARY I
STREET ADDRESS	4100 GALT OCEAN DR. #1510
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

TITLE	
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02/02/04-80057-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary I. Mullen V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 954-563-9583
Date Daytime Phone