

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 503806

1. Entity Name
BUDGET FINANCIAL SERVICES, INC.



Principal Place of Business

**2199 N W 36TH ST
MIAMI, FL 33142**

Mailing Address

**2199 N W 36TH ST
MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



D1062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1690107

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MADAN, NORMAN L
2199 N.W. 36TH ST.
MIAMI, FL 33142**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD MADAN, NORMAN L 2199 N.W. 36TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BYER, ANNE 221 SW 17TH RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ECHTENTHAL, KENYE 221 SW 17TH RD MIAMI, FL
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000000002702
01/13/04-80023-016 150.00

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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: *Anne Byer* 1/7/04 345 6382010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #