2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 599889 1. Entity Name THE FREDERICK FINANCIAL GROUP, INC.					Mar 02, 2005 08:00 AM Secretary of State
Principal Plac	ce of Business	Mailing Address	· · · · · ·		
4920 SARAZEN DR. 4920 SARA HOLLYWOOD FL 33021 HOLLYWO)21	-	
			·		THE REPORT OF THE PERSON OF TH
2. Principal F	Place of Business	3. Mailing Address		•	
Suite, Apt. #, etc.		Suite, Apt #. etc.			1st MOORE CR2E034 (10/04)
City & Sta	te	City & State			4. FEI Number 59-1952184 Applied For
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current R		nt Registered Agent			Fee Required 7. Name and Address of New Registered Agent
				Name	
HORWIN, FREDERICK 4920 SARAZEN DR.				Street Address	P.O. Box Number is Not Acceptable)
HOI	LLYWOOD FL 33021				
ĺ				City	Zip Code
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 acceptable of the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
are obliga	tions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE Registere	ad Agent signature requires	d when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550. k Payable to Florida Department				9. Election Campaign Financing \$5.00 May B. Trust Fund Contribution.
10.	<u> </u>	NO DIRECTORS	11.	······································	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PSD	☐ Delete	ħη		☐ Change ☐ Additio
NAME STREET ADDRESS	HORWIN, FREDERICK 4920 SARAZEN DR		NAN SIR	AE LET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		•	(-ST-ZIP	
TITLE NAME	VP HORWIN, ELLISA	☐ Delete	TITL		UDDDDD248052 Change Admin
STREET ADDRESS	4920 SARAZEN DR		NAN STRI	EET ANDRESS	U00000248052
CITY-ST-ZIP	HOLLYWOOD FL 33021		CiTy	/- ST- ZIP	
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NAME		La Delete	NAM	ľ	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP				FET ADDRESS	
	Certify that the information supplied a	with this filling does not qualify to		'-Si-ZIP	action 140 07/20% Elevida Statutos 5 miles
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 seport 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 trustale empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.					

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

954.966.0628

Daylime Phone #