

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 27, 2007 8:00 am
Secretary of State

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03122007 Chg-P CR2E034 (12/06)

DOCUMENT # 691863 1. Entity Name FINANCIAL ASSETS CORPORATION			
Principal Place of Business 902 CLINT MOORE RD. #116 BOCA RATON, FL 33487 US		Mailing Address 902 CLINT MOORE RD. #116 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # 30 Wall Street Suite, Apt. #, etc. Ste. 1203 City & State New York, N.Y. Zip 10005		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA	
4. FEI Number 59-2169034		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOTTOMS, DAVID N JR 902 CLINT MOORE ROAD SUITE 116 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD BOTTOMS, DAVID N JR 920 CLINT MOORE RD., STE. 116 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KLEINER, MILAGROS 902 CLINT MOORE RD., STE 116- BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and all other like empowered			
SIGNATURE:		Date: 3/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 212 269 6720	