2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# F00000003275

Entity Name: ARENCIBIA FINANCIAL SERVICES, INC.

Current Principal Place of Business:

2871 N. MILWAUKEE AVE.
CHICAGO, IL 60618

New Principal Place of Business:

2823 N. MILWAUKEE AVE.
CHICAGO, IL 60618

Current Mailing Address:

2871 N. MILWAUKEE AVE.
CHICAGO, IL 60618

New Mailing Address:

2823 N. MILWAUKEE AVE.
CHICAGO, IL 60618

FEI Number: 36-4032929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARENCIBIA, LOURDES C
1820 RIGGINS ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARENCIBIA, LUIS F
Address: 2136 SCHILLER
City-St-Zip: WILMETTE, IL 60091

Title: V ( ) Delete
Name: GOMEZ, JORGE G
Address: 3859 N. KENTON CT
City-St-Zip: CHICAGO, IL 60618

Title: S ( ) Delete
Name: ARENCIBIA, LOURDES C
Address: 2136 SCHILLER
City-St-Zip: WILMETTE, IL 60091

Title: T ( ) Delete
Name: ARENCIBIA, PATRICIA M
Address: 2136 SCHILLER
City-St-Zip: WILMETTE, IL 60091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: LOURDES C ARENCIBIA S 01/16/2004
Electronic Signature of Signing Officer or Director — Date