


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90026 040 \*\*\*150.00

**DOCUMENT # F0000006759**

1. Entity Name  
**GM FINANCIAL GROUP, INC.**



Principal Place of Business      Mailing Address  
**1191 E. NEWPORT CENTER DRIVE**      **1191 E. NEWPORT CENTER DRIVE**  
**STE 103**      **STE 103**  
**DEERFIELD BEACH, FL 33442**      **DEERFIELD BEACH, FL 33442**

66405184



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01122004      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**11-3566933**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**MARZANO, MICHAEL**  
**1191 E. NEWPORT CENTER DRIVE**  
**STE #103**  
**DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent  
 Name **Susan Conley**  
 Street Address (P.O. Box Number is Not Acceptable) **1191 E Newport CTR DR #103**  
 City **Deerfield Beach FL**      Zip Code **33442**

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: *Susan Conley*      DATE: **1/12/04**

**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	<input type="checkbox"/> Delete
PC	MARZANO, FRANK P	30 MAIN STREET	PORT WASHINGTON, NY 11050	<input type="checkbox"/>
TD	VIOLA, ANTHONY J	30 MAIN STREET	PORT WASHINGTON, NY 11050	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 fees empowered.

SIGNATURE: *Anthony J Viola*      DATE: **3/8/04**