2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# F02000005615

Entity Name: ENCORE FINANCIAL SERVICES GROUP, INC.

Current Principal Place of Business:

1818 S. AUSTRALIAN AVENUE #450
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1818 S. AUSTRALIAN AVENUE #450
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-1046684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: SDCE ( ) Delete
Name: SHAPIRO, ROBIN
Address: 545 WEST END AVENUE, #11-E
City-St-Zip: NEW YORK, NY 10024

Title: PD ( ) Delete
Name: GROSSMAN, HAROLD
Address: 480 S. CHURCHILL ROAD
City-St-Zip: TEANECK, NJ 07666

Title: DT ( ) Delete
Name: LOWE, CHARLES
Address: 1120 PARK AVENUE
City-St-Zip: HOBOKEN, NJ 07666

Title: CFO ( ) Delete
Name: LOWE, CHARLES
Address: 1120 PARK AVENUE
City-St-Zip: HOBOKEN, NJ 07666

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: ROBIN SHAPIRO SDCE 04/30/2004

Electronic Signature of Signing Officer or Director Date