2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # F0400006728 1. Entity Name SECURED FINANCIAL NETWORK, INC.									04-27-2005	5 90289 0	23 ***15	8.75
Principal Place of Business Mailing Address												
11261 LAKEVIEW DRIVE 11261 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 330												
												
2. Principal Pl				3. Mailing Address					61 00 610 0 63 00 63 00 6	AN HALLI BANDO DA		
795 S W 64 L S + 1 Suite, Apt. #, etc. Suite, Apt. #, etc.						7.4		04142005	Chg-P	CBSER	34 (10/03)	
Surte 210				Suter10						OFFICE OF		
City & State		Dv & Stat	Fix & State				4. FEI Numbe	092223) A		plied For t Applicable	
Zip Country			Zip	Zip Country							\$8.75 Add	
3337	3334 USA 6. Name and Address of Current			33354 MO			5. Certificate of Status Desired Fee Required					
	·	Name	<u>.</u>	7. Name and	Address of New	Registered A	lgent					
SCHULTZ JEEEREY								ine				
11261 LAKEVIEW DRIVE						Street A	ddress (I	P.O. Box Numb	er is Not Acceptab	le))
CORAL SPRINGS, FL 33071						5		_				
·						City N	<u> </u>	LE 3770			Zip Code	
- Ψ (ε										FL	Zip Cod 3.33	
	named entitions of regist		nent for the purpose of	changing its	s register	ed office or	register	ed agent, or bo	th, in the State of F	lorida. I am f	familiar with,	and accept
Wild Gerigee			ta D.	ے	77.44	ر ۾ ج	,	Q 9	Δ	راي دار	7.	
SIGNATURE_	Signature, typed	or print wa of registers	d agent and tibe applicable.	<u>, </u>	E Registere	d Agent signatu	beviliper en	when reinstating)	<u> </u>	DATE	به	
		-1-1					· · · · · ·					
After Ma		FEE IS \$150.0 5 Fee will be \$	550.00 Tru	ction Campa ist Fund Con	tribution.	ncing		.00 May Be ed to Fees			····	
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NAME					NAM	Œ	حت	seet V	42080			Ť
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CITY-ST-ZIP					_	-ST-ZIP	_B	oca Ro	17, NO	33498		N A Later
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STREET ADDRESS CITY-ST-ZIP						EET ADORESS '-ST-ZIP						
TITLE	٠ .			□ Delete	TITE						☐ Change	☐ Addition
NAME	٠,			Thelete	NAM						Ondrige	T HOUSE
STREET ADDRESS					STR	EET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
indicated of the cor	on this reportion or the	rt or supplemental re he receiver or truste	ed with this filing does eport is true and accur e empowered to execu dress, with all other like	ate and that ite this repor	my signa t as requi	ture shall h	ave the:	same legal effe	ot as if made under	r oath; that I a	am an officer	or director