


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F30951</b>	
1. Entity Name <b>NATIONAL FINANCIAL PLANNING SERVICES, INC.</b>	

Principal Place of Business <b>201 ALHAMBRA CIR SUITE 510 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>201 ALHAMBRA CIR SUITE 510 CORAL GABLES, FL 33134 US</b>
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**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2614923</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**OLIVER, ROBERT M., III  
201 ALHAMBRA CIR  
SUITE 510  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	<b>PED OLIVER, ROBERT M III 201 ALHAMBRA CIR, SUITE 510 CORAL GABLES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST OLIVER, HEIDE N 201 ALHAMBRA CIR, SUITE 510 CORAL GABLES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD BLANCO, PLACIDO 201 ALHAMBRA CIR, SUITE 510 CORAL GABLES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MITCHELL, RUBIN 201 ALHAMBRA CIRCLE, SUITE 510 CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SUAREZ, CARLOS 201 ALHAMBRA CIRCLE STE 510 CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/04-80012-022 150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE: *X Robert M. Oliver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert M. Oliver 3/22/04 (305)444-6668*

Date

Daytime Phone #