

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90444 019 ***150.00

DOCUMENT # F30951

1. Entity Name
NATIONAL FINANCIAL PLANNING SERVICES, INC.



Principal Place of Business
201 ALHAMBRA CIR.
SUITE 510
CORAL GABLES, FL 33134 US

Mailing Address
201 ALHAMBRA CIR
SUITE 510
CORAL GABLES, FL 33134 US

50014857



2. Principal Place of Business

3. Mailing Address

9501 SW 61 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006

Chg-P

CR2E034 (11/05)

City & State

City & State
Pinecrest FL 33156

4. FEI Number
59-2614923

Applied For
Not Applicable

Zip

Country

Zip

Country

33156

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

9501 SW 61 CT

9501 SW 61 CT

City

Pinecrest FL

FL

Zip Code

33156

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.

ROBERT M OLIVER III

(NOTE: Registered Agent signature required when reinstating)

1/26/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED
OLIVER, ROBERT M III
201 ALHAMBRA CIR, SUITE 510
CORAL GABLES, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9501 SW 61 CT
Pinecrest FL 33156

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
OLIVER, HEIDE N
201 ALHAMBRA CIR, SUITE 510
CORAL GABLES, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9501 SW 61 CT
Pinecrest FL 33156

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MITCHELL, RUBIN
201 ALHAMBRA CIRCLE, SUITE 510
CORAL GABLES, FL 33134

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
LOPEZ, CESAR
201 ALHAMBRA CIRCLE STE 510
CORAL GABLES, FL 33134

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

ROBERT M OLIVER III

1/24/06

DATE

305 444-6668

DAYTIME PHONE #