2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90162 021 ***150 00

DOCUMENT # F50462 1. Entity Name EISENBERG FINANCIAL GROUP, INC.						04-26-2003	90162 021 ****13	0.00
] '	e of Business		Mailing Address					
5150 NO. TAMIAMI TRAIL #300			5150 NO. TAMIAMI TRAIL #300		1			
NAPLES, FL 34103 US			NAPLES, FL 33940			I BUN BIN BIN BUN BUN BUN BUN BUN BUN BUN BUN BUN BU	E E E E E E E E E E E E E E E E E E E	
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 40 NFP, 500 W.	Madison S	<u>\$</u>				
		Suite Apr. #, etc. 3400		04192005	Chg-P	CR2E034 (10/03)		
City & State		Chi cago,_	IL	4. FEI Numb		 	pfied For ot Applicable	
Zip		Country	100(dol 0)	USA	5. Certificate	of Status Desired	S8.75 Add	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM					Name			
C/O CT CORPORATION SYSTEM 1209 S PINE ISLAND RD				Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION, FL 33324								
,				City		"-"	FL Zip Cod	е
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								
O. Floation Compains Financing OF CO.								
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	PD	OFFICERS AND		11.	PDS ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME	I -	G, GLENN M	∟ Deleta	TITLE NAME		slenn M.	Change	Addition .
STREET ADDRESS	222 MALIB				2425 N. 7	amiomi Tr	ail, suite a	"
CITY-ST-ZIP	BONITA SI	PRINGS, FL 34134	—	CITY-ST-ZIP	Maples,	EL 3410:		
NAME			☐ Delete	TITLE MAME	Coadman. 1	nade	Change	Addition
STREET ADDRESS								
CITY-ST-ZIP	I .			STREET ADDRESS	2425 N.1	amiami M	ail, Suite 211	
TITLE				CITY-ST-ZIP	2425 N.1	amiami M L 34103) 	-
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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:

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Lori M. Cieser

4-21-05

36-985-5108

Daytime Phone #