


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # F56322 1. Entity Name TOTAL FINANCIAL MANAGEMENT CORP.	
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Principal Place of Business 2451 NW 59ST. #603 BOCA RATON FL 33496	Mailing Address 2451 NW 59ST. #603 BOCA RATON FL 33496
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2179973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KATZ, DONALD B 2451 NW 59ST. #603 BOCA RATON FL 33496	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PD KATZ, DONALD B. <input type="checkbox"/> Delete MAIN STREET SAG HARBOR NY 11963
TITLE	SD KATZ, GERTRUDE <input type="checkbox"/> Delete MAIN STREET SAG HARBOR NY 11963
TITLE	_____ <input type="checkbox"/> Delete
TITLE	_____ <input type="checkbox"/> Delete
TITLE	_____ <input type="checkbox"/> Delete
TITLE	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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03/14/07-80047-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **D. B. KATZ** 3/4/07 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #