2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # F93000001308** 1. Entity Name TSA FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address

1355 W PALMETTO PARK ROAD

BOCA RATON, FL 33486

SUITE 104

FILED Jul 09, 2004 08:00 AM Secretary of State



CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 65-0385618 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

No Chg-P

07082004

Name and Address of Current Registered Agent	
ABUSCH, SIDNEY 1355 W. PALMETTO RD., #104 BOCA RATON, FL 33486	DO NOT WRITE

1355 W PALMETTO PARK ROAD

BOCA RATON, FL 33486

SUITE 104

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 Plorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agant and fille if applicable. (NOTE. Registered Agent signature required when refractating) DATE						
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Finan Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIREC	TORS				
TITLE	D	j				
NAME	ABUSCH, SIDNEY					
STREET ADDRESS	1355 W. PALMETTO RD., #104				HOHORITECTICS	
CITY-ST-ZIP	BOCA RATON, FL 33486	<u></u>		·	U0U0UU1651N8 <u>- 07/09/04-80</u> 017-006 150.00	
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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 to stee 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP 717<u>LF</u> NAME STREET ADDRESS CITY-SY-ZIP