


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90037 027 \*\*\*158.75

<b>DOCUMENT # G13874</b> 1. Entity Name KISLAK FINANCIAL CORPORATION	
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Principal Place of Business 7900 MIAMI LKS DR W. ATTN: KNB ACCTG. DEPT. MIAMI LKS, FL 33016	Mailing Address 7900 MIAMI LKS DR W. ATTN: KNB ACCTG. DEPT. MIAMI LKS, FL 33016
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**24040674**



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2243286	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

BROWN, JACK 7900 MIAMI LAKES DR. W. MIAMI, FL 33026
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	D KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGS, WILLIAM 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC KISLAK, JONATHAN 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTEL MD, THOMAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

Date

305 364-4120

Daytime Phone #