

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90036 050 ***150.00

DOCUMENT #G49869

1. Entity Name
NATIONAL PENSION PLANNING SERVICES, INC.



Principal Place of Business
9501 SW 61 CT
MIAMI, FL 33156 US

Mailing Address
9501 SW 61 CT
MIAMI, FL 33156 US

44024001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2361014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, ROBERT M., III
9501 SW 61ST CT
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DEP
NAME OLIVER, ROBERT M., III
STREET ADDRESS 9501 SW 61 CT
CITY-ST-ZIP MIAMI, FL *OK* ☐ Delete

TITLE ST
NAME OLIVER, HEIDE N. *OK* ☐ Delete
STREET ADDRESS 9501 SW 61 CT
CITY-ST-ZIP MIAMI, FL 00000

TITLE VD
NAME BLANCO, PLACIDO *← spelling →* ☐ Delete
STREET ADDRESS 201 ALHAMBRA CIR STE 510
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD
NAME ~~SWAREZ~~ CARLOS *← spelling →* ☐ Delete
STREET ADDRESS 201 ALHAMBRA CIR., #510
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME RUBIN, MITCHELL *OK* ☐ Delete
STREET ADDRESS 201 ALHAMBRA CIR., #510
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME Blanco, Placido
STREET ADDRESS 201 Alhambra Cir, Ste. 510
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VD ☒ Change ☐ Addition
NAME Suarez, Carlos
STREET ADDRESS 201 Alhambra Circle, Ste 510
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Robert M. Oliver 3/22/04 (305) 444-6668

Date

Daytime Phone #