

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90213 033 \*\*\*150.00

**DOCUMENT # G56167**

1. Entity Name  
FDR FINANCIAL GROUP, INC.



Principal Place of Business  
% JEFFREY SOLODKIN  
4000 HOLLYWOOD BLVD. STE 495 S  
HOLLYWOOD, FL 33021

Mailing Address  
787 7TH AVENUE  
49TH FLOOR  
NEW YORK, NY 10019



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2355672

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

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	PD	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, LESLIE H	
STREET ADDRESS	4000 HOLLYWOOD BLVD. 485	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOLDKIN, JEFFREY	
STREET ADDRESS	4000 HOLLYWOOD BLVD. 495	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIESER, LORI M	
STREET ADDRESS	500 W. MADISON SUITE 3650	
CITY-ST-ZIP	CHICAGO, IL 60661	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLSON, STEPHANIE S	
STREET ADDRESS	787 7TH AVE. 49TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAMMOND, DOUGLAS	
STREET ADDRESS	787 7TH AVE. 49TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, LAWERENCE	
STREET ADDRESS	787 SEVENTH AVE. 49TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V Hammond, Douglas
STREET ADDRESS	787 Seventh Ave, 49th Fl.
CITY-ST-ZIP	New York, NY 10019
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Zuccaro, Robert
STREET ADDRESS	787 Seventh Ave, 49th Fl.
CITY-ST-ZIP	New York, NY 10019

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 312-985-5700

Date

Daytime Phone #