


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90101 049 \*\*\*150.00

<b>DOCUMENT # K01118</b>	
1. Entity Name <b>BRYMAR FINANCIAL GROUP, INC.</b>	

Principal Place of Business <del>7350 SAN SEBASTIAN DRIVE</del> <del>BOCA RATON FL 33433</del>	Mailing Address <del>7350 SAN SEBASTIAN DRIVE</del> <del>SUITE 103</del> <del>BOCA RATON FL 33433</del>
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**50050336**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>190 LAS BRISAS CIRCLE</b>	3. Mailing Address <b>190 LAS BRISAS CIRCLE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HYPOLYUXO, FL</b>	City & State <b>HYPOLYUXO, FL</b>
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4. FEI Number <b>65-0018496</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33462</b>	Country <b>USA</b>	Zip <b>33462</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WEINBERG, DANIEL J.</b> <b>7350 SAM SEBASTIAN DRIVE</b> <b>BOCA RATON FL 33433</b>
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7. Name and Address of New Registered Agent Name <b>DAVERSA, BARBARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>190 LAS BRISAS CIRCLE</b> City <b>HYPOLYUXO</b> FL Zip Code <b>33462</b>
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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 Barbara Daversa **BARBARA DAVERSA** **APRIL 25, 2005**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>WEINBERG, DANIEL J.</b> <b>7350 SAM SEBASTIAN DRIVE</b> <b>BOCA RATON FL 33433</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>DAVERSA, BARBARA</b> <b>190 LAS BRISAS CIRCLE</b> <b>HYPOLYUXO, FL 33462</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Daversa **BARBARA DAVERSA** **4/25/05 561 436-8618**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PSTD Daytime Phone #