2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90169 044 ***150.00

DOCUMENT # K75687

1. Entity Name
FINANCIAL SERVICES SUPPORT GROUP INC.

Principal Place of Business
300 DEL HALL BLVD.
LAKE PLACID, FL 33852 US

Mailing Address
P O BOX 189
LAKE PLACID, FL 33852 US

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
241 N MAIN AVENUE
Suite, Apt. #, etc.
City & State: LAKE PLACID, FL
Zip: 33852 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0108819 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, EDUARDO J.
17790 127 DR NO
JUPITER, FL 33478

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, 2005 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	☐ Delete
NAME	PEREZ, EDUARDO J.	
STREET ADDRESS	6 MEADOWLAKE CIR. NO	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	VSD	☐ Delete
NAME	PEREZ, MARITZA	
STREET ADDRESS	6 MEADOWLAKE CIR. NO	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
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		
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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: EDUARDO J. PEREZ - PRESIDENT 3/1/05 (863) 465-6183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #