


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # L23345 1. Entity Name FLAGSHIP FINANCIAL SERVICES, INC.	
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Principal Place of Business 1500 NW 62ND ST #206 FT LAUDERDALE, FL 33309	Mailing Address 1500 NW 62ND ST #206 FT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0148629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAFFE, CHARLES L.
1701 W HILLSBORO BLVD
STE 303
DEERFIELD BCH., FL 33442

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KISLIA, JEROME 1500 NW 62ND ST #206 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PETERSON, GISELE 1500 NW 62ND ST #206 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEALY, DEBORAH 1500 NW 62ND ST #206 FT. LAUDERDALE, FL
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04/11/07-80040-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gisele Peterson VP 4-2-07 954-771-8984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #