

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90028 050 \*\*\*150.00

**DOCUMENT # M21971**

1. Entity Name  
**FLORIDA PHOENIX FINANCE INC.**



Principal Place of Business

**7029 SW 53 LANE  
MIAMI, FL 33155 US**

Mailing Address

**6800 SW 48 STREET  
PMB # 394  
MIAMI, FL 33155 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-2588586**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROSE, DENNIS  
1450 MADRUGA AVENUE  
SUITE 207  
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name

9495 SW 72 ST

# B-285

City Miami

FL 33173

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PTD  
CHEN-YOUNG, PAUL DR.  
7029 S.W. 53RD LANE  
MIAMI, FL 33155** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DS  
HUTSON, JAMES  
7366 SW 48TH ST  
MIAMI, FL 33155** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
CHEN-YOUNG, MICHAEL DR.  
5521 WESTBARD AVENUE  
BETHESDA, MD 20816** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
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CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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NAME  
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☐ Change ☐ 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/05 305.668.2597  
Date Daytime Phone #