## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M24589

Entity Name: AREEA FINANCIAL SERVICES, INC.

FILED Apr 29, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9400 SOUTH DADELAND BOULEVARD, PH 1 MIAMI, FL 33156 **Current Mailing Address: New Mailing Address:** 9400 SOUTH DADELAND BOULEVARD, PH 1 MIAMI, FL 33156 FEI Number: 59-2611476 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CANNON, MICHAEL Y. 9400 S DADELAND BLVD PENTHOUSE ONE MIAMI, FL 33156 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: PDST (X) Change ( ) Addition CANNON, MICHAEL Y., Name: Name: CANNON, MICHAEL Y., 9400 S. DADELAND BLVD, PH-1 9400 S. DADELAND BLVD, PH-1 Address: Address: MIAMI, FL 33156 City-St-Zip: City-St-Zip: MIAMI, FL 33156 Title: Title: (X) Delete () Change () Addition Name: WIENER, WILLIAM Name: 9400 S. DADELAND BLVD., PH-1 Address: Address: MIAMI, FL 33156 City-St-Zip: City-St-Zip: Title: Title: VD ( ) Delete () Change () Addition CANNON, MARK A Name: Name: 9400 S. DADELAND BLVD., PH-1 Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition LIBRIZZI, CINDY B Name: Name: Address: 9400 S. DADELAND BLVD., PH-1 Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: Title: ( ) Delete () Change () Addition CANNON, ANNETTE E Name: Name: 9400 S. DADELAND BLVD., PH-1 Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: () Delete Title: () Change () Addition LIBRIZZI, CHRISTOPHER Name: Name: 9400 S. DADELAND BLVD., PH-1 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHAEL Y. CANNON P 04/29/2004

City-St-Zip:

MIAMI, FL 33156