2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

ANNOAL REPORT							Secretary of State				
DOCUMENT # N0300000689 1. Entity Name SOUTH FLORIDA ASSOCIATION FOR FINANCIAL PROFESSIONALS INC.								01-20-200	-		
Principal Place of Business PO BOX 918617 ORLANDO, FL 32891-8617			Mailing Address PO BOX 918617 ORLANDO, FL 32891-8617				Lieshief eli ezhen	Ank ben esta sa	1) 		riki Bi (21:
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01132004 CF	ng-NP	CR2E037	(10/03)	
City & State			City & State				4. FEI Number 55-03	81298.	3	 	plied For t Applicable
Zip	Country		Zip	<u> </u>		5. Certificate of Status Desired Fee Reg			8.75 Add e Required		
Name and Address of Current Registered Agent					Name		7. Name and Add	ress of New R	legistered Ag	ent	
DIAZ, KARL 777 BRICKELL AVE 4TH FLOOR MIAMI EL 33131					Name Karl DIa2 Street Address (P.O. Box Number is Not Acceptable) 1324 SW 1747 Terr						
MIAMI, FL 33131					City	y 1 (Zip Code ,					
						MIAMI FL 33145					
	named entity tions of registe	submits this statement for ered agent.	r the purpose of chang	ing its register	ed office or	registere	ed agent, or both, in	the State of Ho	orida. 1 am far	niliar with,	and accept
	1	'									
SIGNATURE		10									
2.	Signature, typed o	or printed name of registered agent i	and title if applicable.	(NOTE: Registere	ed Agent signatu	re required	when reinstating)		DATE		
,	Filing Fee is \$61.25 9. Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		lake check prida Departn		
10.		OFFICERS AND DIF	RECTORS	T 11.	······································	A	DDITIONS/CHANG	ES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE	PD	OT TOUR O ATO DIT	☐ Delete							Change	Addition
NAME	ETHERIDO	GE, LAURA		NAM		,			•		
STREET ADDRESS	B	(ELL AVE, SUITE 2480)		EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL	33131		CITY	r-St-ZIP						
TITLE	VD		☐ Delete						[Change	Addition
NAME Street Address	KENNEDY 2600 SW 3	=		NAN CTD	ae Eet address						
CITY-ST-ZIP	MIAMI. FL				r-ST-ZIP						
TITLE	TD. DIAZ, KAR	en e	Delete				. با سامنون			Change	Addition
STREET ADORESS		 KELL AVE, FOURTH F	LOOR - MC-1041		EET ADDRESS			т.			
CITY-ST-ZIP					EL ADDISON	1324	5W 17m	iem			
IIITLE	MIAMI, FL	33131 ¹			Y-ST-ZIP		5W 17 th HI, FL 33				1
	MIAMI, FL SD		Delete	CITA	Y-ST-ZIP .E				[Change	• Addition
NAME	MIAMI, FL SD ARMADA,	RAFAEL		CITA TITA NAM	y-st-zip .e Me					Change	► Addition
STREET ADDRESS	MIAMI, FL SD ARMADA, 255 ALHA	RAFAEL MBRA CIRCLE		CITA TITA NAA STR	y-st-zip Le Me Leet adoress					Change	Addition
STREET ADORESS CITY-ST-ZIP	MIAMI, FL SD ARMADA, 255 ALHA	RAFAEL	□ Delete	CITY TITL NAM STR CITY	Y-ST-ZIP LE ME LEET ADORESS Y-ST-ZIP	MIA	H1, FL 38			-	
STREET ADDRESS	MIAMI, FL SD ARMADA, 255 ALHA	RAFAEL MBRA CIRCLE		CITY TITL NAM STR CITY	Y-ST-ZIP LE ALE LEET ADDRESS Y-ST-ZIP E	MIA	H1, FL 33	3145		Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI, FL SD ARMADA, 255 ALHA	RAFAEL MBRA CIRCLE	□ Delete	CITY TITL NAA STR CITY TITL NAA STR	Y-ST-ZIP LE ALE ALE EET ADORESS Y-ST-ZIP LE ALE ALE ALE ALE ALE ALE ALE ALE ALE	SD Hild	HI, FL 33 a Ingoyen Brickell Ave	3145 -, Fourth		Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI, FL SD ARMADA, 255 ALHA	RAFAEL MBRA CIRCLE	□ Delete	CITY TITL NAA STR CITY TITL NAA STR	Y-ST-ZIP LE ARE EET ADDRESS Y-ST-ZIP LE ARE	SD Hild	H1, FL 33	3145 -, Fourth	floor M	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI, FL SD ARMADA, 255 ALHA	RAFAEL MBRA CIRCLE	□ Delete	CID TITL NAM STR CID TITL NAM STR CID CID	Y-ST-ZIP LE AME LEET ADDRESS Y-ST-ZIP LE AME LEET ADDRESS Y-ST-ZIP LE	SD Hild	HI, FL 33 a Ingoyen Brickell Ave	3145 -, Fourth	floor M	Change	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an application, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL

DIAZ

1/14/03

305-856-3909

Date Daytime Phone #