

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 05, 2004 08:00 AM
Secretary of State**DOCUMENT # P00000039058**1. Entity Name
COMPLETE FINANCIAL SERVICES, INC.Principal Place of Business
**1000 RIVER REACH DR
APT #204
FORT LAUDERDALE, FL 33315**Mailing Address
**1000 RIVER REACH DR
APT #204
FORT LAUDERDALE, FL 33315**

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-1002135Applied For
Not Applicable6. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****5. Name and Address of Current Registered Agent****LIOY, FRANK
1000 RIVER REACH DR
APT #204
FT. LAUDERDALE, FL 33315****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

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, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LIOY, FRANK
1000 RIVER REACH DR, APT 204
FT. LAUDERDALE, FL 33315**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000000156170
05/05/04-80067-002 150.00**DO NOT WRITE
IN THIS SPACE**

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

5/1/04

Date

954-523-5217

Daytime Phone