2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 23, 2004 08:00 AM Secretary of State

DOCUMENT # P00000103046 1. Entity Name ALL FLORIDA FINANCIAL, INC.				Secretary of State			
333 17TH S STE M		Mailing Address 1701 HWY A1A, #220 VERO BEACH, FL 32963				AL ARTH BANAR HIN CAN DINA BAHDI A ARD	
С	OO NOT WRITE	CE	02102004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applied For Not Applicable 59-3680414 Status Desired \$8.75 Additional Fee Required				
GRANBERG, JANETTE 1701 HWY A1A #220 VERO BEACH, FL 32963				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 lipsed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when remissating). DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution				.00 May Be led to Fees			
TO. THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR P STINNETT, DAVID 333 17TH STREET STE M VERO BEACH, FL 32960 VPST STINNETT, DAVID 333 17TH STREET STE M	ECTORS			U00001 02/23/04	0062435 -80119-023 150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	VERO BEACH, FL 32960			DO	NOT W	'RITE	
MAME STREET ADDRESS CITY ST ZIP HITLE MAME STREET ADDRESS				IN .	THIS SF	PACE	
CITY-\$T ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP 12. hereby or	certily that the information supplied with this	filing does not qualify for the exe	mption stated in Se	action 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 ampowered 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.							