## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000103890

1. Entity Name

ARTHUR PALERMO JR. FINANCIAL SERVICES, INC.



Principal Place of Business

5400 S. UNIVERSITY DR

SUITE 119

DAVIE, FL 33328

Mailing Address

5400 S. UNIVERSITY DR

SUITE 119

DAVIE, FL 33328

## FILED Apr 30, 2005 08:00 AM Secretary of State



04182005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1050771 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALERMO, ARTHUR JR 5400 S. UNIVERSITY DRIVE SUITE 119 DAVIE, FL 33328

## DO NOT WRITE IN THIS SPACE

DAVIE, FL 33328			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 site if applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
	Signature, typog or prince have or regions on egon total gues	TADDITUDES OF THE STATE OF	a Agait signature	redoiled witer resussating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALERMO, ARTHUR JR 5400 S. UNIVERSITY DR. SUITE 119 DAVIE, FL 33328				
TITLE					Londona Labor
NAME					U00000349375 05/02/05-80062-015 150.00
STREET ADDRESS CITY -ST - ZIP					05/02/05-80062-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
IIITE				IN :	THIS SPACE
NAME STREET ADDRESS					IIIIO OI AGE
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY -ST - ZIP					
TITLE NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filling does not quality 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					