
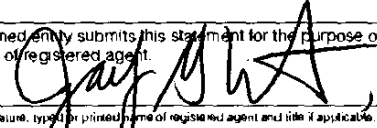



FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90053 032 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000104666			
1. Entity Name SOHN FINANCIAL SERVICES INCORPORATED			
Principal Place of Business 6105 TOWN COLONY DR, #526 BOCA RATON, FL 33433		Mailing Address 6105 TOWN COLONY DR, #526 BOCA RATON, FL 33433	
2. Principal Place of Business 5523 N. MILITARY TRAIL		3. Mailing Address 5523 N. MILITARY TRAIL	
Suite, Apt. #, etc. No. 1206		Suite, Apt. #, etc. NO. 1206	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33496	Country USA	Zip 33496	Country USA
6. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD NW, STE 401 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name JACLYN G. MUSKAT ESQ. Address (P.O. Box Number is Not Acceptable) 90 E. BOW & MUSKAT LLP 1200 NORTH FEDERAL HIGHWAY SUITE 301 BOCA RATON FL 33432	
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  JACLYN G. MUSKAT DATE 5-1-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS SOHN, BARRY <input type="checkbox"/> Delete 6105 TOWN COLONY DR #526 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOHN, BARRY 5523 N. MILITARY TRAIL, NO. 1206 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  BARRY SOHN		Date 4-30-03 (5d) 350-1320	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E034 (10/02)