


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000029742 1. Entity Name EZ FUNDING ASSOCIATION INC.	
--	---



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1085071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC
941 4TH STREET #200
MIAMI BEACH, FL 33139

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000211928
02/03/05-80009-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOLDSBY, DEAN 3050 BISCAYNE BLVD., STE 300 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKNIGHT, IRBY 3050 BISCAYNE BLVD., STE 300 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANI, BARBARA 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINNIE, BRYAN 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUGER, ELEANOR 3050 BISCAYNE BLVD., STE 300 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAREY, RODNEY 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137

**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

Date

Daytime Phone #

Rodney Carey **Rodney Carey - Pres** 1/5/05 305-372-7620