

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90540 037 \*\*\*150.00

**DOCUMENT # P01000041618**

**1. Entity Name**  
**FINTO, INC.**



**Principal Place of Business**  
**1801 N. FLAGLER DRIVE**  
**# 733**  
**WEST PALM BEACH FL 33407**

**Mailing Address**  
**1801 N. FLAGLER DRIVE**  
**#733**  
**WEST PALM BEACH FL 33407**



**MOORE CR2E034 (11/03)**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**65-1112732**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SEHLIKOGLU, ABDULLAH SERKAN**  
**1801 N. FLAGLER DRIVE**  
**#733**  
**WEST PALM BEACH FL 33407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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)*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/2/04*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **SEHLIKOGLU, ABDULLAH SERKAN**  
**STREET ADDRESS** **1701 N. FLAGLER DRIVE**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33407**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **SEHLIKOGLU ABDULLAH SERKAN**  
**STREET ADDRESS** **1801 N. Flagler dr #733**  
**CITY-ST-ZIP** **33407 West Palm Beach FL**

**TITLE** **SVD** ☐ Delete  
**NAME** **CARRICK, DEBORAH**  
**STREET ADDRESS** **1701 N. FLAGLER DRIVE**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33407**

**TITLE** **SVD** ☒ Change ☐ Addition  
**NAME** **CARRICK DEBORAH**  
**STREET ADDRESS** **1801 N. Flagler dr #733**  
**CITY-ST-ZIP** **33407 WPB / FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 #