## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000046076

FILED Apr 28, 2004 Secretary of State

Entity Name: RESOURCE FINANCIAL & MANAGEMENT SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	KS ROAD E, FL 33063			
Current Mailing Address:		New Mailing Address:		
P.O BOX S MARGATE	936137 E, FL 3309361	37		
El Number	: 01-0718900	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )
Name and	l Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
	DLIE KS ROAD E. FL 33063			
	_, 00000			
Γhe above	,	submits this statement for the բ	ourpose of changing its registere	ed office or registered agent, or both,
Γhe above	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
The above n the State	e named entity e of Florida. RE:	submits this statement for the particles of Registered Ago		ed office or registered agent, or both,  Date
The above n the State	named entity e of Florida. RE: Electror	·		
The above n the State BIGNATUI	named entity e of Florida. RE: Electror	nic Signature of Registered Ago	ent	
The above n the State BIGNATUI	e named entity e of Florida.  RE: Electror  mpaign Financin  S AND DIREC	nic Signature of Registered Ago g Trust Fund Contribution ( ). TORS: ) Delete N OAD	ent	Date
The above in the State SIGNATUI SIGNATUI SIECTION Care Control Care Control Care Control Care Care Care Care Care Care Care Care	e named entity e of Florida.  RE: Electron mpaign Financin  S AND DIREC  DPT ( BONO, A. JOHI 1467 BANKS R MARGATE, FL	nic Signature of Registered Age g Trust Fund Contribution ( ). TORS: ) Delete N OAD 33063 ) Delete	ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOLIE ALLEN DV 04/28/2004