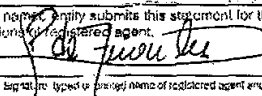
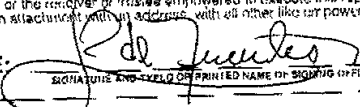


Apr 29
Sec

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000069740		
1. Entity Name UNION TRUST FINANCIAL SERVICES, CORP.		
Principal Place of Business 9050 PINES BLVD. SUITE 383 PEMBROKE PINES, FL 33024		Mailing Address 9050 PINES BLVD. SUITE 383 PEMBROKE PINES, FL 33024
DO NOT WRITE IN THIS SPACE		
		04072004 No Chg-P CR2F034 (10/03)
		4. FEI Number 65-1121056 Applied For (Not Applicable)
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CASTRO, JENNIFER P 5010 SW 120TH AVE COOPER CITY, FL 33330		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: 		DATE: 4/26/04
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U00000137413 04/29/04-80040-007 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO, JENNIFER P 5010 SW 120TH AVE COOPER CITY, FL 33330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 19.07(3)(b), 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 or powered		
SIGNATURE:  - President		DATE: 4/26/04