2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # P01000078966 FLORIDA FINANCE, INC. Principal Place of Business Mailing Address 1911 NE 172 STREET 1911 NE 172 STREET NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 CR2E034 (10/03) 04092004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1134644 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent KEYS, NEAL DO NOT WRITE 1911 NE 172 STREET NORTH MIAMI BEACH, FL 33162 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_______Sgnature, typed or printed name of registered egent and title if applicable (NOTE, Registered Agent eignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. BRE 000000123391 04/22/04-80027-802 150.00 NAME KEYS, NEAL 1911 NE 172 STREET STREET ADDRESS NORTH MIAMI BEACH, FL 33162 CITY-ST-7/P 3373 E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHTY - ST - ZIP SITE IN THIS SPACE NAME STREET ADDRESS CTTY - \$7 - 23P THE NAME STREET ADDRESS CITY ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of the chapter of the chapt

SIGNATURE:

BILE NAME STREET ADDRESS CITY-ST-ZIP