### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P01000078966

1. Entity Name FLORIDA FINANCE, INC.

FILED
Feb 19, 2007 08:00 AM
Secretary of State

Fee Required

Principal Place of Business

Mailing Address

1911 NE 172 STREET NORTH MIAMI BEACH, FL 33162 1911 NE 172 STREET NORTH MIAMI BEACH, FL 33162



#### DO NOT WRITE IN THIS SPACE

01232007	No Chg-P	CR2	E034 (11/05)
4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
65-1134	644		Not Applicable
5. Certificate of	of Status Desired		\$8.75 Additional

6. Name and Address of Current Registered Agent

KEYS, NEAL 1911 NE 172 STREET NORTH MIAMI BEACH, FL 33162

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registered office	e or r	egistered agent, or bo	th, in the State of Florida. I am familiar wi	th, and accept
SIGNATURE.	. Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Agent s	lgnature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150:00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000639630 02/28/07-80034-007 1:	50.00
10.	OFFICERS AND DIREC	TORS			I-, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D KEYS, NEAL 1911 NE 172 STREET NORTH MIAMI BEACH, FL 33162					
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 exemptions contained in Chapter 119. 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 a laddress with all other like empowered.

SIGNATURE
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TITLE
NAME
STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

CITY-ST-ZIP

BIGNATURE AND TYPED OR DAINTED NAME OF SIGNING OFFICER OR DIRECTO

Dale

Đaytime Phone #