2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088902

FILED Jan 16, 2004 Secretary of State

Entity Name: NATIONAL FINANCIAL RECOVERY CORPORATION **New Principal Place of Business: Current Principal Place of Business:** 19000 NE 3 CT #418 MIAMI, FL 33179 **Current Mailing Address: New Mailing Address:** P O BOX 641296 MIAMI, FL 33169 US FEI Number: 65-1136179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEITZMAN, MICHAEL 19000 NE 3 CT #418 MIAMI, FL 33179 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KAPLAN, BRUCE KAPLAN, BRUCE Name: Name: 2551 STANWELL DRIVE, UNIT B 3474 TICE CREEK DRIVE, #5 Address: Address: City-St-Zip: CONCORD, CA 94520 City-St-Zip: WALNUT CREEK, CA 94595 () Delete Title: VD Title: () Change () Addition WEITZMAN, MICHAEL Name:

Address:

City-St-Zip:

 Name:
 WEITZMAN, MICHAEL

 Address:
 19000 NE 3 CT #418

 City-St-Zip:
 MIAMI, FL 33179

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: BRUCE KAPLAN PD 01/16/2004