


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91202 050 \*\*\*150.00

DOCUMENT # *P02000002940*

1. Entity Name  
*711 Financial, Inc.*



**DO NOT WRITE IN THIS SPACE**

**55038952**

2. Principal Place of Business  
*12180 N.W. 2nd Street*

3. Mailing Address  
*12180 N.W. 2nd Street*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Coral Springs FL*

City & State  
*Coral Springs FL*

4. FEI Number  
*43-1949775*

Applied For  
 Not Applicable

Zip  
*33071*

County  
*Broward*

Zip  
*33071*

County  
*Broward*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Richard Waldman*

Street Address (P.O. Box Number is Not Acceptable)  
*12180 N.W. 2nd Street*

*Coral Springs* **FL** Zip Code  
*33071*

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 *x Richard Waldman* DATE *x 4-16-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1<sup>st</sup> - May 1<sup>st</sup> Fee is \$150.00  
After May 1<sup>st</sup> Fee is \$350.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. Richard Waldman 12180 N.W. 2nd St. Coral Springs FL 33071</i>
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**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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *x Richard Waldman* DATE: *x 4-16-03* DAYTIME PHONE #: *954 345-0081*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)