FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90068 022 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022018

1. Entity Name
DANIEL'S FINANCIAL CORP.

Principal Place of Business	Mailing Address
20021 NE 21ST AVE. N. MIAMI BCH, FL 33179	20021 NE 21ST AVE. N. MIAMI BCH, FL 33179

2. Principal Place of Business		3. Mailing Address	
15050 NE 20th Avenue		15050 NE 20th Avenue	
Suite, Apt. #, etc. Suite 107		Suite, Apt. #, etc. Suite 107	
City & State: N. Miami, Florida		City & State: N. Miami, Florida	
Zip: 33181	Country: USA	Zip: 33181	Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3001610 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENFIELD, DANIEL
20021 NE 21ST AVE.
N. MIAMI BCH, FL 33179

7. Name and Address of New Registered Agent

Name: Rosenfield, Daniel
Street Address (P.O. Box Number is Not Acceptable): 15050 NE 20th Avenue
Suite 107
City: N. Miami FL Zip Code: 33181

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: [signature] 3/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENFIELD, DANIEL 20021 NE 21ST AVE. N. MIAMI BCH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, S, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, T, D Paul Greenblatt 500 Three Islands Blvd., Apt L-17 Hallandale, FL 33330	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Daniel Rosenfield, President 3059408482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)