## 2006 FOR PROFIT CORPORATION

## Feb 02, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P02000074521 02-02-2006 90037 013 \*\*\*150 00 1. Entity Name SOSSIN FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 60010314 5107 ROOSEVELT STREET 5107 ROOSEVELT STREET HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 52-2365992 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOSSIN, ANDREW J Street Address (P.O. Box Number is Not Acceptable) 5107 ROOSEVELT STREET HOLLYWOOD, FL 33021 City Zip Code 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\_ DATE Signature, typed or printed same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaung) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Delete TITLE Change TITLE NAME SOSSIN, ANDREW J NAME STREET ADORESS 3801 FARRAGUT ST. STREET ADDRESS 5107 ROOSEVELT STREET HOLLYWOOD, FL 33021 CITY - ST - ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Maddition ☐ Delete TITLE TITLE SOSSIN, ROBERT J NAME NAME STREET ADDRESS 5107 ROOSEVELT STREET STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33021 CITY-ST-712 **X** Addition ☐ Delete TITLE ☐ Change TITLE SAMANTHA H. RAYBOY NAME NAME 3801 FARRAGUT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOUD, FL 33021 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE MAME

THLE

NAME

STREET ADDRESS

Mober Albert J. JUSSIN SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

☐ Change

☐ Addition