

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90211 008 ***150.00

DOCUMENT # P02000074521

1. Entity Name
SOSSIN FINANCIAL GROUP, INC.



Principal Place of Business
**5107 ROOSEVELT STREET
HOLLYWOOD, FL 33021**

Mailing Address
**5107 ROOSEVELT STREET
HOLLYWOOD, FL 33021**

60001269



2. Principal Place of Business - No P.O. Box #
3801 FARRAGUT STREET

3. Mailing Address

01102007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State

4. FEI Number
52-2365992

Applied For
Not Applicable

Zip
33021

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOSSIN, ANDREW J
5107 ROOSEVELT STREET
HOLLYWOOD, FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)
3801 FARRAGUT STREET

City **HOLLYWOOD**

FL

Zip Code
33021

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 **ANDREW J. SOSSIN**

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

1/10/2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SOSSIN, ANDREW J**
STREET ADDRESS **3801 FARRAGUT ST**
CITY-STATE-ZIP **HOLLYWOOD, FL 33021**

TITLE **ST** ☐ Delete
NAME **SOSSIN, ROBERT J**
STREET ADDRESS **5107 ROOSEVELT STREET**
CITY-STATE-ZIP **HOLLYWOOD, FL 33021**

TITLE **VP** ☐ Delete
NAME **RAYBOY, SAMANTHA H**
STREET ADDRESS **3801 FARRAGUT ST**
CITY-STATE-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **SOSSIN, SAMANTHA H**
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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.

SIGNATURE: **Robert J. Sossin** **ROBERT J. SOSSIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2007 954-342-5981

Date

Daytime Phone #