



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90126 034 \*\*\*150.00

<b>DOCUMENT # P02000074521</b> 1. Entity Name <b>SOSSIN FINANCIAL GROUP, INC.</b>					
Principal Place of Business <b>3801 FARRAGUT STREET HOLLYWOOD, FL 33021</b>			Mailing Address <b>5107 ROOSEVELT STREET HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business - No P.O. Box # <b>2699 STIRLING ROAD</b> Suite, Apt. #, etc. <b>STE. C 302</b>		3. Mailing Address  Suite, Apt. #, etc.  			
City & State <b>FORT LAUDERDALE FL</b>		City & State  		4. FEI Number <b>52-2365992</b>	
Zip <b>33312</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOSSIN, ANDREW J 3801 FARRAGUT STREET HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) <b>4930 SARAZEN DRIVE</b>  City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33021</b>	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSSIN, ANDREW J 3801 FARRAGUT ST HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4930 SARAZEN DRIVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOSSIN, ROBERT J 5107 ROOSEVELT STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUSSIN, SAMANTHA N 3801 FARRAGUT ST HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOSSIN, SAMANTHA H 4930 SARAZEN DRIVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Robert J. Sossin</i> <b>ROBERT J. SOSSIN</b>			4/22/2008 954-342-5981		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		