2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE: 2

rachman

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 31, 2004 8:00 am Secretary of State DOCUMENT # P02000078049 03-31-2004 90030 009 ***150 00 1. Entity Name THE FINANCING GROUP, INC. Principal Place of Business Mailing Address 94040288 1690 NE 205/TERR 1690 NE 205 JERR MIAMIL-FL 33179 MIAMI, FL 33179 2. Principal Place of Business 3900 Pinewood 3. Mailing Address 3900 Pihowood (4 Suite, Apt. #, etc. Suite, Apt. #, etc 01192004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For Hollywood Hollywood Not Applicable 22-3858262 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NACHMANI, YOSEF H Street Address (P.O. Box Number is Not Acceptable) 1690 NE 205 TERR MIAMI, FL 33179 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating DATE 9. Election Campaign Financing FILE NOW!!! FEÉ IS \$150.00 After May 1, 2004 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. Delete Change Addition TITLE TITLE Yosef NACHMANI, YOSEF NAME NAME Nachmani STREET ADDRESS 900 WEST AVE #407 STREET ADDRESS 3900 Pinewood Lage MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP Willywood Fl 7302 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$7-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED