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TALLAHASSEE, FLORIDA

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000078648

1. Entity Name

First Federated Financial, Inc.

DO NOT WRITE IN THIS SPACE

94035318

REINSTATEMENT 03-04

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2. Principal Place of Business	3. Mailing Address
440 E. Sample Rd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch., FL	City & State
Zip: 33060 Country	Zip Country

4. FEI Number: 06-1645844 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Robert Casola

Street Address (P.O. Box Number is Not Acceptable): 440 E. Sample Rd.

City: Pompano Bch. FL Zip Code: 33060

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.

SIGNATURE: [signature] 3/17/04

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Bernard J. Carrasquillo
STREET ADDRESS	6420 S.W. 20th Crt.
CITY-ST-ZIP	Miramar, FL 33023
TITLE	D
NAME	Robert Casola
STREET ADDRESS	120 Cypress Club Dr., #232
CITY-ST-ZIP	Pompano Bch., FL 33060

DO NOT WRITE IN THIS SPACE

3/23/30

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/17/04 (954) 270-5292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number