


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90059 020 ***150.00

DOCUMENT # P02000105179	
1. Entity Name FINANCIAL AFFIDAVIT EXPRESS, INC.	

Principal Place of Business 3230 W. COMMERCIAL BLVD. STE 150 FT. LAUDERDALE, FL 33309	Mailing Address 3230 W. COMMERCIAL BLVD. STE 150 FT. LAUDERDALE, FL 33309
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34010006

2. Principal Place of Business 3440 Hollywood Blvd Suite, Apt. #, etc. 450 City & State Hollywood FL Zip 33021 Country Broward	3. Mailing Address 3440 Hollywood Blvd Suite, Apt. #, etc. 450 City & State Hollywood, FL Zip 33021 Country Broward
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02112004 Chg-P CR2E034 (10/03)

4. FEI Number 13-4213995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COURY, PATRICIA E CPA 3230 W. COMMERCIAL BLVD. STE 150 FT. LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name COURY, Patricia E. CPA Street Address (P.O. Box Number is Not Acceptable) 3440 Hollywood Blvd, Suite 450 City Hollywood FL Zip Code 33021
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOFKY, DAVID A 3440 HOLLYWOOD BLVD., STE 450 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	D COURY, PATRICIA E 3440 HOLLYWOOD BLVD., STE 450 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	<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
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia E. Coury* **2/13/04** **954-985-8319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #