

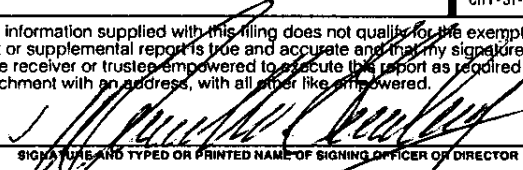
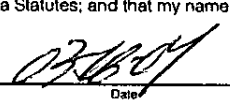


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90060 037 ***150.00

DOCUMENT # P02000105674 1. Entity Name AMERICAN FINANCIAL SERVICES GROUP, INC					
Principal Place of Business 2310 NW 3RD AVE POMPANO BCH, FL 33060				Mailing Address 2310 NW 3RD AVE POMPANO BCH, FL 33060	
2. Principal Place of Business 4301 OAK CIRCLE Suite, Apt. #, etc 16		3. Mailing Address 4301 OAK CIRCLE Suite, Apt. #, etc 16			
City & State BOCA RATON FL		City & State BOCA RATON FL		03102004 Chg-P CR2E034 (10/03)	
Zip Country 33431 USA		Zip Country 33431 USA		4. FEI Number 11-3688545	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOLDBERG, DAVID R 13201 VEDRA LAKE CIR DELRAY BCH, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13201 VEDRA LAKE CIR City State Zip Code DeLray Beach FL 33446	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDBERG, DAVID R 13201 VEDRA LAKE CIR. DELRAY BCH, FL 33446	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div>  _____ <small>Date</small> </div> <div>  _____ <small>Daytime Phone #</small> </div> </div>					