## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000130135

Entity Name: AYS FINANCIAL SERVICES, INC

FILED May 06, 2004 Secretary of State

Littly Nai	ME. ATST INANCIAL SERVICES, INC			
Current Principal Place of Business:		New Principal Place of E	New Principal Place of Business:	
9612 NE 2 SUITE B MIAMI SHO	ND AVE ORES, FL 33138 US	474 NE 125TH STREET NORTH MIAMI, FL 33161	US	
Current M	lailing Address:	New Mailing Address:		
9612 NE 2 SUITE B MIAMI SHO	ND AVE ORES, FL 33138 US	474 NE 125TH STREET NORTH MIAMI, FL 33161	US	
FEI Number:	: 57-1136769 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of No	Name and Address of New Registered Agent:	
18570 NW PEMBROK The above	AIRE, ANIEL  22 CT  KE PINES, FL 33029 US  named entity submits this statement for the of Florida.	ne purpose of changing its registered of	fice or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered	Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation dimpaign Financing Trust Fund Contribution ( ).	d not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete SAINT-HILAIRE, ANIEL 18570 NW 22 CT PEMBROKE PINES, FL 33029 US	Title: ( ) ( Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () Delete SAINT-HILAIRE, YOLA G 18570 NW 22 CT PEMBROKE PINES, FL 33029 US	Title: ( ) ( Name: Address: City-St-Zip:	Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANIEL SAINT-HILAIRE P 05/06/2004