


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-19-2004 90049 005 \*\*\*150.00

DOCUMENT # P02000130141			
1. Entity Name PAUL MILLMAN FINANCIAL SERVICES CORP.			
Principal Place of Business 3111 UNIVERSITY DR # 720 CORAL SPRINGS, FL 33065		Mailing Address 3111 UNIVERSITY DR # 720 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 3300 University Dr # 305 Suite, Apt. #, etc.		3. Mailing Address 3300 University Dr # 305 Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33065	Country	Zip 33065	Country
6. Name and Address of Current Registered Agent MILLMAN, PAUL 3111 UNIVERSITY DR. SUITE 720 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 University Dr Suite 305 City Coral Springs FL Zip Code 33065	
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: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P MILLMAN, PAUL A 3111 UNIVERSITY DR # 720 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL A. MILLMAN, PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 University Dr Suite 305 Coral Springs FL 33065
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: <u>Paul A. Millman</u> Paul A. Millman		Date	3/12/04 954 345 5778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

94032446



03122004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0134609 Applied For Not Applicable

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