

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90022 007 \*\*\*150.00

**DOCUMENT # P03000032980**

1. Entity Name  
**TOTAL BANCSHARES CORP.**



Principal Place of Business  
**2720 CORAL WAY  
MIAMI, FL 33145**

Mailing Address  
**2720 CORAL WAY  
MIAMI, FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302004

Chg-P

CR2E034 (10/03)

4. FEI Number

**16-1657567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOLSBURG, DAVID I ESQ.  
2720 CORAL WAY  
MIAMI, FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ADRIENNE ARSHT	
STREET ADDRESS	2720 Coral Way	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYER FELDMAN	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D & P	<input type="checkbox"/> Delete
NAME	WILLIAM J. HEFFERNAN	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D & EVP	<input type="checkbox"/> Delete
NAME	ALBERTO G. MANRARA	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVID I. SCHLOSBERG	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*David I. Schlosberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SECRETARY*  
SECRETARY

*MARCH 30, 2004*  
Date

*(805) 476-6254*  
Daytime Phone #