2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033622

TITUS, EARL

521 JAEGER DRIVE

DELRAY BEACH, FL 33444

Name:

Address:

City-St-Zip:

Entity Name: STATE STREET FINANCIAL SERVICES INC

FILED Mar 09, 2005 Secretary of State

•						
Current Principal Place of Business:			New Principal I	New Principal Place of Business:		
5355 TOWNE CENTER ROAD 2ND FLOOR BOCA RATON, FL 33486			5355 TOWN CENTER ROAD SUITE 203 BOCA RATON, FL 33486			
Current N	lailing Addre	ss:	New Mailing Ac	New Mailing Address:		
7040 W PALMETTO PK RD SUITE 4-285 BOCA RATON, FL 33433			5355 TOWN CENTER ROAD SUITE 203 BOCA RATON, FL 33486			
FEI Number	: 16-1658866	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()		
Name and	d Address of (Current Registered Agent:	Name and Add	Name and Address of New Registered Agent:		
AGUILAR, DANIEL D 6845 WILLOW WOOD DRIVE #3086				AGUILAR, DANIEL D 6845 WILLOW WOOD DRIVE #3086		
BOCA RATON, FL 33431 US			BOCA RATON,	BOCA RATON, FL 33434 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its reg	istered office or registered agent, or both,		
SIGNATUI	RE: DANIEL	D. AGUILAR		03/09/2005		
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	AGUILAR, DAN	WOOD DRIVE #3086	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SEC (MAVRIKOS, CI 2180 NE 2ND / BOCA RATON,	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TRES (CAROTHERS, 6493 NW 78TH PARKLAND, FI	1 PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	VP (X	() Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE:	DANIEL D. AGUILAR	Р	03/09/2005