

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90387 042 \*\*\*150.00

**DOCUMENT # P03000036729**

1. Entity Name

**MANDALEY FINANCIAL AND BROKER SERVICES INC.**



Principal Place of Business

**4445 WEST 16TH AVE.  
#601  
HIALEAH FL 33012**

Mailing Address

**4445 WEST 16TH AVE.  
#601  
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

**10281 W Bay Harbor Dr #1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Bay Harbor Island, FL 33154**

City & State

City & State

Zip

Country

Zip

Country

**33154**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVILA, JESUS A  
10281 W BAY HARBOR DR #1  
BAY HARBOR ISL FL 33154**

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**

**Make Check Payable to Florida Department of State**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DAVILA, JESUS A  
10281 W BAY HARBOR DR #1  
BAY HARBOR ISL FL 33154**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
RODRIGUEZ, FERNANDO  
10281 W BAY HARBOR DR #1  
BAY HARBOR ISL FL 33154**

☐ Change ☐ Addition  
TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:**

**Jesús A. Davila CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/23/04 (05) 785-2742**