2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P03000039241 1. Entity Name 04-19-2004 90324 044 ***150.00 PARDO FINANCIAL, INC. Principal Place of Business Mailing Address 2440 JERRY CIRCLE 2440 JERRY CIRCLE DAYTONA BEACH, FL 32124 DAYTONA BEACH, FL 32124 2. Principal Place of Business 3. Mailing Address 3170 NFedera 3170 NFederal Suite, Apt. #, etc. Ste 106 Suite, Apt. #, etc 04142004 CR2E034 (10/03) Ste 106 4. FEI Number City & State City & State Applied For 200015377 ighthouse ighthouse Not Applicable BROWARD Zip Country \$8.75 Additional 5. Certificate of Status Desired 3306 Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARDO, TATYANA A 2440 JERRY CIRCLE Street Address (P.O. Box Number is Not Acceptable) 😓 🖃 🚉 DAYTONA BEACH, FL 32124 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 latyana SIGNATURE Icationa tardo 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D D TITLE ☐ Defete TITLE PARDO, TATYANA A Pardo Tatyana NAME NAME . 3170 NFederal Hwy, Ste 106 STREET ADDRESS 2440 JERRY CIRCLE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32124 Lighthouse Point, FL 33064 CITY-ST-ZIP vice president TITLE ☐ Delete ☐ Change Addition Rosangela Cardillo NAME NAME 2991 NW 103 Lave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Coral <u>Springs,</u> CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -. Delete . -TITLE ___Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Change NAME NAME ALLEY TOWNS STREET ADDRESS STREET ADDRESS S. M. Tabas Alime CITY-ST-ZIP CITY-ST-7IP 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.

FILED