

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094217

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: AVRUS FINANCIAL & MORTGAGE SERVICES, INC.

## Current Principal Place of Business:

2799 NW 2ND AVE., SUITE 101  
BOCA RATON, FL 33431

## New Principal Place of Business:

2799 NW 2ND AVE., SUITE 102  
BOCA RATON, FL 33431

## Current Mailing Address:

2799 NW 2ND AVE., SUITE 101  
BOCA RATON, FL 33431

## New Mailing Address:

2799 NW 2ND AVE., SUITE 102  
BOCA RATON, FL 33431

FEI Number: 20-0183214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AVRUS, STEVE  
2799 NW 2ND AVE., SUITE 101  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

AVRUS, STEVE  
2799 NW 2ND AVE., SUITE 102  
BOCA RATON, FL 33431 US

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.

SIGNATURE:

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: AVRUS, STEVE  
Address: 2799 NW 2ND AVE., SUITE 101  
City-St-Zip: BOCA RATON, FL 33431

Title: S ( ) Delete  
Name: AVRUS, MARIETTA  
Address: 2700 NW 2ND AVE #101  
City-St-Zip: BOCA RATON, FL 33431 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: AVRUS, STEVE  
Address: 2799 NW 2ND AVE., SUITE 102  
City-St-Zip: BOCA RATON, FL 33431

Title: S (X) Change ( ) Addition  
Name: AVRUS, MARIETTA  
Address: 2799 NW 2ND AVE #102  
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP ( ) Change (X) Addition  
Name: CARSTEN, DANIEL V PRES  
Address: 2799 NW 2ND AVE #102  
City-St-Zip: BOCA RATON, FL 33431 US

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.

SIGNATURE: MARIETTA AVRUS

V P

04/21/2005

Electronic Signature of Signing Officer or Director

Date