## 2004 FOR PROFIT CORPORATION

## Apr 12, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000099712** 04-12-2004 90237 007 \*\*\*150.00 1. Entity Name KEL-FACTOR FINANCIAL, INC. Mailing Address Principal Place of Business 615 SIESTA KEY CIRCLE 615 SIESTA KEY CIRCLE SUITE #3322 SUITE #3322 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 1186157 *5*7 -Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 City Zip Code FL 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 agest and title dispplicable (NOTE: Registered Agent dignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSTD ☐ Delete THLE ☐ Change ■ Addition THE WELCH, KELLEY L NAME NAME 615 SIESTA KEY CIRCLE STREET ADDRESS STRELT ADDRESS CHY- ST-ZIP DEERFIELD BEACH, FL 33441 CHY- ST-ZIP ☐ Addition Delete TIBLE Change THILL NAME NAME STREET ADDRESS STREET ADDRESS CUTY - ST- 7IP CITY - ST- 7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition MANE NAME STREET ADDRESS STRUET ADDRESS CITY-ST-7IP CITY+ST- ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY: ST-2IP ☐ Delata 🚬 🚕 🕃 Change Addition TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-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 mede under path; 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 a content of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of

SIGNATURE:

**FILED**