

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90043 022 \*\*\*150.00

40006128



01212005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000112505</b> 1. Entity Name <b>BOB FINANCIAL SERVICES, INC.</b>																													
Principal Place of Business <b>2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134</b>			Mailing Address <b>2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number <b>APPLIED FOR</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent <b>KARP &amp; GENAUER, P.A. 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134</b>																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																													
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PRES</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCWEENEY, PAUL J MR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SHIRLEY STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NASSAU, BAHAMAS, BA N-7118</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PRES	<input type="checkbox"/> Delete	NAME	MCWEENEY, PAUL J MR.		STREET ADDRESS	SHIRLEY STREET		CITY-ST-ZIP	NASSAU, BAHAMAS, BA N-7118		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b> <span style="float: right;">01-21-05 (305) 445-3545</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													