


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90635 048 \*\*\*158.75

<b>DOCUMENT # P03000116831</b>	
1. Entity Name <b>FINANCIAL ANSWERS FOR AMERICA, INC.</b>	

Principal Place of Business <b>12805 POMPANIC ST SAN ANTONIO FL 33576</b>	Mailing Address <b>12805 POMPANIC ST SAN ANTONIO FL 33576</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>5450 Bruce B. Downs Blvd #413</b>
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City & State <b>Wesley Chapel, FL</b>	City & State <b>Wesley Chapel, FL</b>
Zip <b>33543</b>	Country <b>USA</b>

14001000



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY STE 300 TAMPA FL 33637-2087</b>	
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4. FEI Number <b>05-0589856</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEJILLONES, THERESA</b> <b>12805 POMPANIC ST</b> <b>SAN ANTONIO FL 33576</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEJILLONES, CAESAR</b> <b>12805 POMPANIC ST</b> <b>SAN ANTONIO FL 33576</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S-Secretary</b> <b>LEILA MEJILLONES</b> <b>5450 Bruce B. Downs Blvd #413</b> <b>Wesley Chapel, FL 33543</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P-President</b> <b>CAESAR MEJILLONES</b> <b>5450 Bruce B. Downs Blvd #413</b> <b>Wesley Chapel, FL 33543</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **CAESAR MEJILLONES** **4/1/04 (813)508-3740**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #