

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020215

FILED
May 03, 2005
Secretary of State

Entity Name: END FINANCIAL SERVICES CORP

Current Principal Place of Business:

5469 MELALEUCA LN
LAKE WORTH, FL 33463 US

New Principal Place of Business:

2669 FOREST HILL BLVD
SUITE 240A
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

5469 MELALEUCA LN
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 20-0677083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NODARSE, EDUARDO
5469 MELALEUCA LN
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NODARSE, EDUARDO
Address: 5469 MELALEUCA LN
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP () Delete
Name: NODARSE, MARIA
Address: 5469 MELALEUCA LN
City-St-Zip: LAKE WORTH, FL 33463 US

Title: S () Delete
Name: NODARSE, EDUARDO
Address: 5469 MELALEUCA LN
City-St-Zip: LAKE WORTH, FL 33463 US

Title: T () Delete
Name: NODARSE, MARIA
Address: 5469 MELALEUCA LN
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NODARSE, MARIA M
Address: 5469 MELALEUCA LN
City-St-Zip: LAKE WORTH, FL 33463 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: NODARSE, MARIA M
Address: 5469 MELALEUCA LN
City-St-Zip: LAKE WORTH, FL 33463 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: MARIA M NODARSE

VP

05/03/2005

Electronic Signature of Signing Officer or Director

Date