

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90068 004 ***150.00

DOCUMENT # P04000047292 1. Entity Name FININSERVICES, CORP			
Principal Place of Business PO BOX 520141 MIAMI, FL 33152		Mailing Address PO BOX 520141 MIAMI, FL 33152	
2. Principal Place of Business 1327 GARDEN ROAD Suite, Apt. #, etc.		3. Mailing Address 1327 GARDEN ROAD Suite, Apt. #, etc.	
City & State WESTON, FL Zip 33326		City & State WESTON, FL Zip 33326	
Country USA		Country USA	
4. FEI Number 20-0869100		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PULIDO, JORGE A 1659 NE MIAMI GARDENS DRIVE 112 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name PULIDO, JORGE A Street Address (P.O. Box Number is Not Acceptable) 1327 GARDEN ROAD City WESTON FL Zip 33326	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PULIDO, JORGE A PO BOX 520141 MIAMI, FL 33152	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PULIDO, JORGE A 1327 GARDEN ROAD. WESTON, FL 33326 SECRETARY PULIDO, ALEJANDRA 1327 GARDEN ROAD. WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:		03/18/05 (786) 325 0957	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	