

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90090 009 ***150.00

DOCUMENT # P04000047292

1. Entity Name
FININSERVICES, CORP



Principal Place of Business
1327 GARDEN ROAD
WESTON, FL 33326

Mailing Address
1327 GARDEN ROAD
WESTON, FL 33326

2. Principal Place of Business - No. Box #
601 NE 36th ST
Suite, Apt. #, etc. 2608

3. Mailing Address
601 NE 36th ST
Suite, Apt. #, etc. 2608

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip 33137 Country US

Zip 33137 Country US

05042007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0869100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PULIDO, JORGE A
1327 GARDEN ROAD
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name PULIDO, JORGE A
Street Address (P.O. Box Number is Not Acceptable)
601 NE 36th ST # 2608
City MIAMI FL Zip Code 33137

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]*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

04/30/07

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PULIDO, JORGE A	
STREET ADDRESS	1327 GARDEN ROAD	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	S	<input type="checkbox"/> Delete
NAME	POLIDO, ALEJANDRA	
STREET ADDRESS	1327 GARDEN ROAD	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIDO, JORGE A	
STREET ADDRESS	601 NE 36th ST # 2608	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIDO, ALEJANDRA	
STREET ADDRESS	601 NE 36th ST # 2608	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an office, line empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/07 (786) 325-0957
Date Daytime Phone #