

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am  
Secretary of State

05-02-2005 90412 050 \*\*\*150.00

DOCUMENT # P04000068340

1. Entity Name  
APPLEBY FINANCIAL CORP.



Principal Place of Business  
712 5TH AVE 8TH FL  
MANHATTAN, NY 10019

Mailing Address  
712 5TH AVE 8TH FL  
MANHATTAN, NY 10019

14014101



2. Principal Place of Business  
2875 NE 191ST STREET

3. Mailing Address  
2875 NE 191ST STREET

Suite, Apt. #, etc.  
300

Suite, Apt. #, etc.  
300

04012005 Chg-P CR2E034 (10/03)

City & State  
AVENTURA FL

City & State  
AVENTURA FL

4. FEI Number  
74-3141255

Applied For  
Not Applicable

Zip  
33180

Country  
US

Zip  
33180

Country  
US

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

## 6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ  
TURNBERRY PLZ STE 801  
2875 N E 191ST ST  
AVENTURA, FL 33180

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D SOLNICKI, JAMIE VICTOR  
712 5TH AVE 8TH FL  
MANHATTAN, NY 10019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D SOLNICKI, JAMIE VICTOR ☒ Change ☐ Addition  
2875 NE 191ST STREET SUITE 300  
AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05

Date

(305) 935-6955

Daytime Phone #