

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90071 001 ***150.00

DOCUMENT # P04000108723

1. Entity Name
BUCKHAVEN FINANCIAL GROUP, INC.



Principal Place of Business
**ONE BOCA PLACE
2255 GLADES ROAD
BOCA RATON, FL 33431**

Mailing Address
**ONE BOCA PLACE
2255 GLADES ROAD
BOCA RATON, FL 33431**

50065750



2. Principal Place of Business
1433 S.E. 5th CT.

3. Mailing Address
1433 S.E. 5th CT.

07292005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
5th

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH, FL.

City & State
DEERFIELD BEACH, FL.

4. FEI Number
20-1405795

Applied For
Not Applicable

Zip
33441

Country
USA

Zip
33441

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURCI, PHILIP M
ONE BOCA PLACE
2255 GLADES ROAD
BOCA RATON, FL 33431**

Name
1433 S.E. 5th CT.

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

City
DEERFIELD BEACH

FL

Zip Code
33441

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
Due by September 7, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CURCI, PHILIP M
ONE BOCA PLACE, 2255 GLADES ROAD
BOCA RATON, FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RICCI, II, ALEXANDER D
ONE BOCA PLACE, 2255 GLADES ROAD
BOCA RATON, FL 33431** ☒ 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
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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

Date

Daytime Phone #

8/3/05 561 998-3255