

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90004 001 \*\*\*150.00  
08-01-2006 90004 002 \*\*\*\*\*8.75

DOCUMENT # P04000158093

1. Entity Name

FIRST UNION FINANCIAL SERVICES, INC.



Principal Place of Business

5420 SW 115TH AVE.  
MIAMI, FL 33165

Mailing Address

5420 SW 115TH AVE.  
MIAMI, FL 33165



07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2168372	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAONESSA, PAULINA  
5420 SW 115TH AVE.  
MIAMI, FL 33165

**DO NOT WRITE  
IN THIS SPACE**

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 6, 2006**

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	PD PAONESSA, PAULINA 5420 SW 115TH AVE. MIAMI, FL 33165
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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-25-06