

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054182

**FILED**  
**Mar 16, 2006**  
**Secretary of State**

**Entity Name:** DEDICATED FINANCIAL SOLUTIONS INC.

**Current Principal Place of Business:**

10770 WILES RD.  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

4631 NW 31ST AVE  
SUITE 303  
FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

10770 WILES RD.  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

4631 N.W. 31ST AVE  
SUITE 303  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 20-3830847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNOPF, LIANE  
6110 NW 33RD TERR.  
FORT LAUDERDALE, FL 33428 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KNOPF, LIANE  
Address: 6110 NW 33RD TERR  
City-St-Zip: FORT LAUDERDALE, FL 333091 US

Title: S-T (X) Delete  
Name: SILVERVERBERG, RANDY  
Address: 12933 CLIFTON DR.  
City-St-Zip: BOCA RATON, FL 33428 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDST (X) Change ( ) Addition  
Name: KNOPF, LIANE  
Address: 6110 NW 33RD TERR  
City-St-Zip: FORT LAUDERDALE, FL 333091 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LIANE KNOPF

PDST

03/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date