


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State


01-14-2008 90091 027 ***150.00

DOCUMENT # P92000006727	
1. Entity Name STRATFORD FINANCIAL CORP.	

Principal Place of Business 2644 RIVIERA MANOR FORT LAUDERDALE, FL 33332	Mailing Address 2644 RIVIERA MANOR FORT LAUDERDALE, FL 33332
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2. Principal Place of Business - No P.O. Box # 2664 RIVIERA MANOR	3. Mailing Address 2664 RIVIERA MANOR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WESTON FLORIDA	City & State WESTON FLORIDA
Zip 33332	Country USA



01082008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0370798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERSH, STEVEN 2664 RIVIERA MANOR FORT LAUDERDALE, FL 33332	
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7. Name and Address of New Registered Agent	
Name HERSH, STEVEN	
Street Address (P.O. Box Number is Not Acceptable) 2664 RIVIERA MANOR	
City WESTON	Zip Code FL 33332

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HERSH, STEVEN 2488 BAYSIDE DR FORT LAUDERDALE, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERSH, DONALD 2664 RIVIERA MANOR FORT LAUDERDALE, FL 33332 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **STEVEN HERSH** **1/9/08** **954-599-5803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #