

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041533

FILED
Apr 01, 2004
Secretary of State

Entity Name: ACCESS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

2385 EXECUTIVE CENTER DR
100
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

PO BOX 810835
BOCA RATON, FL 33481

New Mailing Address:

2385 EXECUTIVE CENTER DR
#100
BOCA RATON, FL 33431

FEI Number: 65-0417576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, WAYNE
22420 MARTELLA AVE
BOCA RATON, FL 33433

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: D () Delete
Name: ALLEN, WAYNE
Address: 22420 MARTELLA AVE
City-St-Zip: BOCA RATON, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLEN, WAYNE
Address: 22420 MARTELLA AVE
City-St-Zip: BOCA RATON, FL 33433

Title: O () Change (X) Addition
Name: ALLEN, WAYNE
Address: 22420 MARTELLA AVE
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNE ALLEN

D/O

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date