## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Sep 23, 2004 8:00 am Secretary of State DOCUMENT # P94000037379 09-23-2004 90001 003 \*\*\*150.00 FIDUCIARY FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 2400 E. COMMERCIAL BLVD., #204 2400 E. COMMERCIAL BLVD., #204 FT. LAUDERDALE, FL 33308 US FT. LAUDERDALE, FL 33308 US 24086198 2. Principal Place of Business 3. Mailing Address 2929 E, COMMERCIAL 2929 E COMMERCIAL Soite, Apt. #, etc. Şuite⊃Apt. #, etc. 09082004 Chg-P CR2E034 (10/03) H 608 City & State 4. FEI Number Applied For AUDELDAL FT LAUDERDALE 65-0490904 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33308 BROWARD Fee Required 7.: Name and Address of New Registered Agent ⇒6.-Name and Address of Current Registered Agent... JODOIN, FRANK A Street Address (P.O. Box Number is Not Acceptable) 2400 E. COMMERCIAL BLVD., #204 FT. LAUDERDALE, FL 33308 608 AUNGE DAL C 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. SUSANM. BEATTY Seath SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Due by September-8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OCTOBER! OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE JODOIN, FRANK A NAME NAME JOROIN, FRANK A GALT OCEAN DR HZOOI STREET ADDRESS 1729 S.W. 4TH CT STREET ADDRESS 3850 ´ LAUDERPALE, FL CITY-ST-ZiP FT. LAUDERDALE, FL 33312 CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITL F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY - ST- ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify or 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 red web or trustee empowered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all piner like empowered. 7-3-04 954-938-9999 SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR