# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2005**
**Secretary of State**

DOCUMENT# P94000047200

**Entity Name:** SAMPLE FINANCIAL PLAZA, INC.

**Current Principal Place of Business:**

3300 UNIVERSITY DRIVE
SUITE 001
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431 US

**Current Mailing Address:**

3300 UNIVERSITY DRIVE
SUITE 001
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431 US

**FEI Number: 65-0499933** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FALCONE, ARTHUR
3300 UNIVERSITY DRIVE
SUITE 001
CORAL SPRINGS, FL 33065 US

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

FALCONE, ARTHUR
1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431 US

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: 04/28/2005
Electronic Signature of Registered Agent — Date

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: FALCONE, EDWARD W
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPTD ( ) Delete
Name: FALCONE, ARTHUR J
Address: 3300 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: PD (X) Change ( ) Addition
Name: FALCONE, EDWARD W
Address: 1951 NW 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: VPTD (X) Change ( ) Addition
Name: FALCONE, ARTHUR J
Address: 1951 NW 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

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: ARTHUR FALCONE MGRM 04/28/2005
Electronic Signature of Signing Officer or Director — Date