


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan-20, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000003177	
1. Entity Name NORWOOD FINANCIAL SERVICES, INC.	

Principal Place of Business 20700 N.W. SECOND AVENUE MIAMI, FL 33169	Mailing Address 20700 N.W. SECOND AVENUE MIAMI, FL 33169
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0547221	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILDEBRANDT, MARK H 300 SEVENTY FIRST STREET SUITE 302 MIAMI BCH, FL 33141	DO NOT WRITE IN THIS SPACE
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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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, SAMUEL ONE BISCAYNE TOWER STE 2400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, CHANA ONE BISCAYNE TOWER STE 2400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSTROVSKY, HELIO, ONE BISCAYNE TOWER STE 2400 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/05-80047-023 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Helio Ostrovsky 1-11-05 305-493-5080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #