
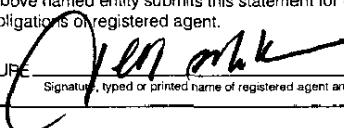
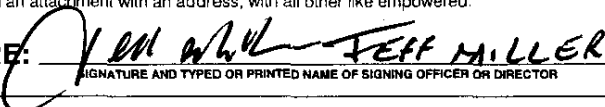


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90204 041 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P95000004094 | |  | |
| 1. Entity Name THE JEFFERSON FINANCIAL GROUP, INC. | | | |
| Principal Place of Business 16455 NE 6TH AVE. #203 N. MIAMI BCH, FL 33162 US | | Mailing Address 16455 NE 6TH AVE. #203 N. MIAMI BCH, FL 33162 US | |
| 2. Principal Place of Business 16455 NE 6TH AVE Suite, Apt. #, etc. | | 3. Mailing Address 16455 NE 6TH AVE Suite, Apt. #, etc. | |
| City & State N. MIAMI BEACH, FL Zip 33162 Country USA | | City & State N. MIAMI BEACH, FL Zip 33162 Country USA | |
| 4. FEI Number 65-0548792 | | 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 MILLER, JEFFERSON C 16455 NE 6TH AVE. STE 203 N. MIAMI BCH, FL 33162 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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  DATE 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, JEFFERSON C 16455 NE 6TH AVE. N. MIAMI BCH, FL 33162 <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 STEVENS, DONNA 16455 NE 6TH AVE. N. MIAMI BCH, FL 33162 <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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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  JEFF MILLER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 4/26/04 Daytime Phone # 305-945-8070 | |

24068710



04282004 Chg-P CR2E034 (10/03)