2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 08:00 AM DOCUMENT # P95000047988 **Secretary of State** RGA FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 2901 W BUSCH BLVD 2901 W BUSCH BLVD 610 TAMPA, FL 33618 TAMPA, FL 33618 01122004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3323333 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Sing satisfying the second DO NOT WRITE ALVAREZ, ROBERT G 3110 TARAGROVE DR TAMPA, FL 33618 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000030805 Trust Fund Contribution. Added to Fees 02/04/04-80124-014 150.00 OFFICERS AND DIRECTORS 10. TITLE ALVAREZ, ROBERT G NAME 3110 TARAGROVE DR. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(1), 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Record O QUE OF SIGNING PEFICER OF DIRECTOR

1-28-04

(B13) 334-3324

FILED