

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90220 008 ***150.00

DOCUMENT # P96000063694

1. Entity Name

PRO - FIN FINANCIAL SERVICES CORPORATION



Principal Place of Business

**4100 NW 76TH STREET
POMPANO BEACH FL 33073
US**

Mailing Address

**4100 NW 76TH STREET
POMPANO BEACH FL 33073
US**

50019893



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

20906 HAMACA CT

Suite, Apt. #, etc.

3. Mailing Address

20906 HAMACA CT

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

City & State

BOCA RATON FLORIDA

Zip
33433

Country
USA

Zip
33433

Country
USA

4. FEI Number

65-0688225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FINGER, RONALD
4100 NW 76TH STREET
POMPANO BEACH FL 33073**

7. Name and Address of New Registered Agent

Name **FINGER RONALD**

Street Address (P.O. Box Number is Not Acceptable)

20906 HAMACA CT BOCA RATON

City

FL

Zip Code

33433

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

Ronald Finger

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **FINGER, RONALD**
STREET ADDRESS **4100 NW 76TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **FINGER RONALD**
STREET ADDRESS **20906 HAMACA CT**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ronald Finger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05 754 264 2768

Date

Daytime Phone #