

Apr 26 2005 8:32AM MITCH ALLEN CPA

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

04-28-2005 90215 022 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000009006			
1. Entry Name THE FINANCIAL SOLUTION OF SOUTH FLORIDA, INC.			
Principal Place of Business 18354 CORAL CHASE DRIVE BOCA RATON, FL 33498		Mailing Address 18354 CORAL CHASE DRIVE BOCA RATON, FL 33498	
2. Principal Place of Business 7776 ROYAL LACE TERRACE Suite, Apt. #, etc.		3. Mailing Address 7776 ROYAL LACE TERRACE Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33467		Zip 33467	
Country USA		Country USA	
4. FEI Number 65-0728077		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGATZ, STEWART 18364 CORAL CHASE DRIVE BOCA RATON, FL 33498		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! - FEE IS \$150.00 - After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 BOGATZ, STEWART 18364 CORAL CHASE DRIVE BOCA RATON, FL 33498 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOGATZ, STEWART 7776 ROYAL LACE TERRACE LAKE WORTH, FL 33467 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 807, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-25-05 Daytime Phone #	