

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016822

FILED  
Feb 03, 2004  
Secretary of State

**Entity Name:** FIRST FEDERATED FUNDING CORP. OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

8100 UNIVERSITY DRIVE  
105  
TAMARAC, FL 33321

**New Principal Place of Business:**

1999 N. UNIVERSITY DRIVE  
405  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

8100 UNIVERSITY DRIVE  
105  
TAMARAC, FL 33321

**New Mailing Address:**

1999 N UNIVERSITY DRIVE  
405  
CORAL SPRINGS, FL 33071

**FEI Number:** 65-0739259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SADDI, NAVEEN  
8100 UNIVERSITY DRIVE #105  
TAMARAC, FL 33321

**Name and Address of New Registered Agent:**

SADDI, NAVEEN  
1999 N UNIVERSITY DRIVE  
SUITE # 405  
CORAL SPRINGS, FL 33071

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.

SIGNATURE: N SADDI

02/03/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SADDI, NAVEEN  
Address: 8100 UNIVERSITY DRIVE #105  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SADDI, NAVEEN  
Address: 1999 N UNIVERSITY DRIVE #405  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAVEEN SADDI

PD

02/03/2004

Electronic Signature of Signing Officer or Director

Date