


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P97000017331 |  |
| 1. Entity Name FLAGSHIP FINANCIAL ENTERPRISES, INC. | |

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| Principal Place of Business 22500 SW 187 AVENUE MIAMI, FL 33170 | Mailing Address 22500 SW 187 AVENUE MIAMI, FL 33170 |
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04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|---|
| 4. FEI Number 65-0731753 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GUILLEN-BORREGO, AZAHIRA M 87 NW 100 STREET MIAMI SHORES, FL 33150 |
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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. 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GUILLEN-BORREGO, AZAHIRA M 87 NW 100 STREET MIAMI SHORES, FL 33150 |
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04/19/04-80117-003 158.75

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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: *Azahira Guillen Borrego* **AZAHIRA GUILLEN BORREGO** 4/15/04 305 888 1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #