

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90001 050 ***550.00

DOCUMENT # P97000019996

1. Entity Name
NATIONAL FINANCIAL SYSTEMS, INC.



Principal Place of Business
**1400 NORTHPOINT PARKWAY
SUITE 20
WEST PALM BEACH, FL 33407**

Mailing Address
**1400 NORTHPOINT PARKWAY
SUITE 20
WEST PALM BEACH, FL 33407**

40114651



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

11-2321220

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HERNANDEZ, DAVID J~~
**1400 NORTHPOINT PARKWAY, SUITE 20
WEST PALM BEACH, FL 33407**

Name
JENESTA MARLIN

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

1400 NORTHPOINT PARKWAY, SUITE 20

City
WEST PALM BEACH

FL

Zip Code
33407

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 \$550.00
Due by September 12, 2008**

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
**PT
HERNANDEZ, ROBERT H
801 HARBOUR ISLES COURT
PALM BEACH GARDENS, FL 33410** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
KENNEDY, GEORGE W
6 CEDARFIELD TERRACE
ST. JAMES, NY 11810** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #