Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90174 040 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037213

1. Corporation Name

THE FINA	ANCIAL COACH, INC.			. (************************************	
Principal Place	of Rusiness	Mailing Address		-	
		13250 S.W. 88TH TERRACE			
13250 S.W. 88TH TERRACE · 13250 S.W. 88TH TERRACE SUITE 302 SUITE 302					
MIAM! FL 33186 MIAM! FL 33186				DO NOT WRITE IN THIS SPACE	
	•			3. Date Incorporated or Qualifed	
				04/25/1997	
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number Applied For	
21 .		26		65-0748833 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
22 27					
City & State City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 28		C			
Zip	Country	Zip	Country	8, This corporation owes the current year Intangible Personal Property Tax Personal Property Tax	
24	25		<u> </u>	Personal Property Tax. Li Yes Li No 10, Name and Address of New Registered Agent	
	9. Name and Address of Curren	t Kegisterea Agent	81 Name	10, Name and Address of Non Registerou Agent	
PARRA, ANDRES					
13250 S.W. 88TH TERRACE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUITE 302			83	The second secon	
MIAMI FL 33186			65		
,			84 City	El 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or r	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was aut	thorized by the corporatio	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE				d when (einstating) DATE	
	Signature, typed or printed name of registered age		Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12,	P OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	l'		1.2 NAME		
NAME	PARRA, ANDRES 13250 S W 88TH TERRACE, STE 302				
STREET ADDRESS		IE 302	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	☐ DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	S ADDIANA		2.1 TITLE		
NAME	BONITEZ, ADRIANA	2000	2.2 NAME		
STREET ADDRESS 13250 S.W. 88TH TERRACE, #302			2.3 STREET ADDRESS	The control of the co	
CITY-ST-ZIP	MIAMI FL 33186	□ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition	
TITLE			•		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		□ oete≀e		`	
NAME			4, 2 NAME		
STREET ADDRESS			4,3 STREET ADDRESS		
CITY-ST-ZIP		€ CONTRACTOR OF THE CONTRACTO	4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	·	☐ DELETE	5.1 TITLE 5.2 NAME		
NAME	}		5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition	
TITLE		C) DEFEIG	6.2 NAME	onlings	
NAME			6,3 STREET ADDRESS		
CTREET ANDRESS	1		= 0.0 0 (VEL / EDD VEDO		

14. 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 annual report or supplemental annual 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 corpolation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP