2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

Secretary of State DOCUMENT # P98000026424 01-25-2005 90028 040 ***150.00 1. Entity Name FINANCE & MANAGEMENT, INC. Principal Place of Business Mailing Address 40005399 701 EAST COMMERCIAL BLVD. #200 701 EAST COMMERCIAL BLVD. #200 FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E034 (10/03) Applied For City & State City & State 4, FEI Number 65-0821645 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Jagusztyn. Richard</u> JAGUSZTYD, RICHARD Street Address (P.O. Box Number is Not Acceptable) 701 EAST COMMERCIAL BLVD 701 East Commercial Blvd #202 FORT LAUDERDALE, FL 33334 #200 City Zip Code <u>Fort Lauderdale</u> 33334 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered ago 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Delete TITLE ☐ Change Addition TITLE MODIANO, MICHELINE NAME NAME STREET ADDRESS 701 EAST COMMERCIAL BLVD. #200 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP D۷ ☐ Change ☐ Addition ☐ Delete TITLE TITLE MODIANO, HENRI NAME NAME STREET ADDRESS STREET ADDRESS 701 EAST COMMERCIAL BLVD. #200 CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP ☐ Change ☐ Addition ST TITLE ☐ Delete TITLE JAGUSZTYN, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 701 EAST COMMERCIAL BLVD. #200 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33334 ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 logal 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.

FILED Jan 25, 2005 8:00 am

Davtime Phone #