2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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Secretary of State **DOCUMENT # P98000026424** 02-25-2008 90065 044 ***150.00 1. Entity Name FINANCE & MANAGEMENT, INC. Principal Place of Business Mailing Address 701 EAST COMMERCIAL BLVD. #200 701 EAST COMMERCIAL BLVD. #200 FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02212008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-0821645 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Richard JUGUSZINA JUYUIZIYN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 701 EAST COMMERCIAL BLVD #200 -JAmi FORT LAUDERDALE, FL 33334 Zip Code City anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept or the purpose of c 8. The above named entity submits this statement the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agr 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ■ Addition ☐ Change DP TITLE Delete DILE MODIANO, MICHELINE NAME NAME 701 EAST COMMERCIAL BLVD. #200 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33334 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DV Delete TITLE TITLE NAME MODIANO, HENRI NAME 701 EAST COMMERCIAL BLVD. #200 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL. 33334 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ST □ Delete TITLE NAME JAGUSZTYN, RICHARD NAME 701 EAST COMMERCIAL BLVD. #200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 all address, with all other fike empowered.

Feb 25, 2008 8:00 am