

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060136

FILED
Apr 29, 2004
Secretary of State

Entity Name: ASSOCIATED FINANCIAL, INC.

Current Principal Place of Business:

7904 WEST DRIVE
SUITE 1007
NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

7904 WEST DRIVE
SUITE 1007
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

7545 E. TREASURE DRIVE
SUITE 3E
MIAMI, FL 33141 US

New Mailing Address:

7545 E. TREASURE DRIVE
SUITE 3E
MIAMI, FL 33141 US

FEI Number: 65-0887335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESAW, COLIN
6608 SW 33 STREET
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

ESAW, COLIN
7545 E. TREASURE DRIVE
SUITE 3E
MIAMI, FL 33141 US

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.

SIGNATURE: COLIN ESAW

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSVT () Delete
Name: ESAW, COLIN
Address: 6608 SW 33 STREET
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: ESAW, COLIN
Address: 6608 SW 33 STREET
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSVT (X) Change () Addition
Name: ESAW, COLIN
Address: 7545 E. TREASURE DRIVE #3E
City-St-Zip: MIAMI, FL 33141 US

Title: D/P (X) Change () Addition
Name: ESAW, COLIN
Address: 7545 E. TREASURE DRIVE #3E
City-St-Zip: MIAMI, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN ESAW

D/P

04/29/2004

Electronic Signature of Signing Officer or Director

Date