

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001988

Entity Name: T.C.E. FINANCIAL GROUP, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

15841 PINES BLVD.
STE 109
PEMBROKE PINES, FL 33027

Current Mailing Address:

15841 PINES BLVD.
STE 109
PEMBROKE PINES, FL 33027

New Principal Place of Business:

1601 N. PALM AVE.
STE 304C
PEMBROKE PINES, FL 33026

New Mailing Address:

1601 N. PALM AVE.
STE 304C
PEMBROKE PINES, FL 33026

FEI Number: 65-0884566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPOS, MARIO C SR.
15841 PINES BLVD.
STE. 109
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

CAMPOS, MARIO C SR.
1601 N. PALM AVE.
STE. 304 C
PEMBROKE PINES, FL 33026 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: MARIO C.CAMPOS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: CAMPOS SR, MARIO
Address: 15841 PINES BLVD. STE. 109
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VPS (X) Delete
Name: CAMPOS, ARLENE C
Address: 1514 SW 194 TERR.
City-St-Zip: PEMBROKE PINES, FL 33429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: CAMPOS SR, MARIO
Address: 1601 N. PALM AVE. SUITE 304 C
City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIO C.CAMPOS

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04/29/2005

Electronic Signature of Signing Officer or Director

Date