2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # P99000017635 1. Entity Name AUERBACH FINANCIAL SERVICES INC. Principal Place of Business Mailing Address 2500 HOLLYWOOD BLVD. 2500 HOLLYWOOD BLVD. SUITE 215 SUITE 215 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0898794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUEBACH, CHARLES N DO NOT WRITE 2500 HOLLYWOOD BLVD, SUITE 215 HOLLYWOOD, FL 33021 IN THIS SPACE 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U000000325498 04/23/05-80019-005 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME AUERBACH, CHARLES N STREET ADDRESS 2500 HOLLYWOOD BLVD, SUITE 215 CITY-SI-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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 regular by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowere changed, or on an attachment with an address, with a

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED