2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AN **DOCUMENT # P99000093110 Secretary of State** INDEPENDENT FINANCE CONSORTIUM, INC. Principal Place of Business Malling Address P.O BOX 771401 P.O BOX 771401 MIAML FL 33177 MIAMI, FL 33177 CR2E034 (10/03) 04302004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0956955 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SENGER, ENRIQUE DO NOT WRITE 6921 S.W. 129 AVE. #4 MIAMI, FL 33183 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 colligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. P\/P TITLE SENGER, ENRIQUE C MALAE 000000152425 05/04/04-80084-017 158.75 STREET ADDRESS 6921 S.W. 129 AVE., #4 CITY-57-ZIP MIAMI, FL 33183 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-\$1-2IP ML MAME STREET ADDRESS City-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath, 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.

SIGNATURE:

TITLE MARE STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR