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Secretary of State

07-08-2004 90191 049 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000099598 1. Entity Name FINANCIAL STRATEGIES WORKSHOPS, INC.				44047652	
Principal Place of Business 9000 SHERIDAN ST 111 HOLLYWOOD, FL 33024		Mailing Address 9000 SHERIDAN ST 111 HOLLYWOOD, FL 33024			
2. Principal Place of Business 9000 SHERIDAN ST Suite, Apt. #, etc. 95 City & State HOLLYWOOD FL Zip 33024 Country USA		3. Mailing Address 9000 SHERIDAN ST Suite, Apt. #, etc. 95 City & State HOLLYWOOD FL Zip 33024 Country USA		4. FEI Number 65-1981575 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BARRACO, WENDY 11362 TAFT STREET PEMBROKE PINES, FL 33026			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 <u>Wendy Barraco</u> DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRACO, WENDY 11362 TAFT STREET PEMBROKE PINES, FL 33026 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an address, with all other like empowered.					
SIGNATURE: <u>Wendy Barraco</u> DATE _____ DAYTIME PHONE # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment

*Do P990000995-98
44047652*

**FINANCIAL STRATEGIES WORKSHOPS, INC.
9000 SHERIDAN STREET, SUITE 95
PEMBROKE PINES, FL 33024**

July 6, 2004

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

**RE: FINANCIAL STRATEGIES WORKSHOPS, INC.
FEIN# 65-1961575**

Dear Sir or Madam:

Enclosed please find an Annual Report for Financial Strategies Workshops, Inc. The company moved and never received the Annual Report for 2004. I called your office to discuss this problem. Please find enclosed a check in the amount of \$150 for the year 2004.

I want to thank you for all of the help that was given to me. If you have any questions, please contact me at the above address.

Very Truly Yours,

Wendy Barraco
Wendy Barraco