2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Name	MENT # \$41709 O FINANCIAL, INC.		PORT (AR)		FILED 07 MAY -7 AM 8: 59				
Principal Place of Business 2205 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		Mailing Address 2205 HOLLYWOOD BLVD. HOLLYWOOD FL 33020				S S S S	-	1 TO THE REAL PROPERTY OF THE	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, otc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/06)				
City & State		City & State		4. FEI Numb	er 65-026308	31		plied For	
Zip	Country	Zip	Zip Count		5. Certificate of Status Desired See Required				
	6. Name and Address of Current	Registered Agent Name			7. Name and Address of New Registered Agent				
2209	ER "PRO" HOLDING, INC. 5 HOLLYWOOD BLVD LYWOOD FL 33020			Stroet Address (P.O. Box Number is Not Acceptable)					
				City	·		FL	Zip Code	9
	named entity submits this statement for	egistere	d office or registere	ed agent, or bo	oth, in the State of F		niliar with,	and accept	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees								,	
10,	Payable to Florida Department of OFFICERS AND		11.		ADDITIONS	/CHANGES TO OF	FICERS AND D	IRECTORS	S IN #1
IIIG	D LANGBAUM, MADELINE	☐ Delete	UILE NAME					Change	☐ Addition
STREET ADDRESS	2205 HOLLYWOOD BLVD.			1 ADORESS					
TITLE		Delete	MILE				[Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	IRAIN		STREE CITY-	T ADDRESS	600102507306 05/15/0701015003 **850.00				
TITLE	- 4 Min	☐ Delele	TITLE					Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	V		NAME STREE STREE	T ADDRESS SI-ZIP					
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				I ADDRESS					
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CHY-ST-ZIP				TADORESS ST-71P					
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				T ADORESS					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: / Adelse / Carpaien - Updeling Halfrom - Wet - 04/25/01 - 854.926-5405.									