2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

DOCUMENT # 1. Entity Name FINANCIAL BUILDING		
Principal Place of Business	Mailing Address	
4800 AIRPORT ROAD NAPLES, FL 34105 US	4800 AIRPORT ROAD Naples, FL 34105 US	
	<u></u>	

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0260689 Applied For Not Applicable

5. Certificate of Status Desired

04/27/04

239-2635095

Daytime Phone #

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAN, VICTORIA A MA 4800 AIPORT ROAD #511 NAPLES, FL 34105

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			IN THIS STACE						
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					ي مدد				
JAME TONE	Signature, typed or printed name of registered agent and tale	applicable. (NOTE: Registered	Apen signature	required when reinstating)	DATE	 -			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UNJIENG, WILLIAM CU 4800 AIRPORT ROAD #13 NAPLES, FL	· · · · · · · · · · · · · · · · · · ·			UNDDDO140127 04729704-80148-01	S 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE LA ROMA, FELICITAS 4800 AIRPORT RD. NAPLES, FL 34105				-				
TITLE NAME STREET ADDRESS CMY-ST-ZIP	V CHAN, VICKI 4800 AIRPORT ROAD #511 NAPLES, FL			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADORESS CITY-ST-ZIP									
12. I hereby of indicated of the corrections	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowerer or on an attachment with a raddress, with at	ling does not qualify for the exemend accurate and that my signature this report as required to the relief to the research of the relief to th	nption stated are shall haved by Chaple	d in Section 119,07(3)(i e the same legal effect er 607, Florida Statutes), Florida Statutes. I further certify that to as if made under oath; that I am an off s; and that my name appears in Block to	ne Information icer or director 0 or Block 11 if			