

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90201 035 ***150.00

94062911



04212004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0295928** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # S72739
1. Entity Name
FLORIDA FUNDING ASSOCIATES, INC.



Principal Place of Business
**2061 NW BOCA RATON BLVD
#202
BOCA RATON, FL 33431 US**

Mailing Address
**P.O. BOX 4029
BOCA RATON, FL 33429 US**

2. Principal Place of Business
980 N.Federal Hwy

3. Mailing Address

Suite, Apt. #, etc.
230

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

Zip
33432

Country
Palm Beach

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERS, MARY
2061 NW BOCA RATON BLVD
#202
BOCA RATON, FL 33432**

Name
Street Address (P.O. Box Number is Not Acceptable)
980 N.Federal Highway, Ste 230
City **Boca Raton** **FL** Zip Code **33432**

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 **VTD** ☒ Delete
NAME **JACKNOWITZ, CARL BARRY**
STREET ADDRESS **2061 BOCA RATON BLVD #202**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **RIVERS, MARY**
STREET ADDRESS **2061 NW BOCA RATON BLVD #202**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **PTSD** ☒ Change ☐ Addition
NAME **RIVERS, MARY**
STREET ADDRESS **980 N.FEDERAL HWY, STE 230**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **S** ☒ Delete
NAME **ZARELLA, KRISTA**
STREET ADDRESS **2061 NW BOCA RATON BLVD #202**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: _____ **4/20/04** **(561)392-4259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #