

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90186 014 ***150.00

DOCUMENT # V16872 1. Entity Name SMALL BUSINESS FUNDING CORP.					
Principal Place of Business 20801 BISCAYNE BLVD STE 505 AVENTURA, FL 33180 US				Mailing Address 20801 BISCAYNE BLVD STE 505 AVENTURA, FL 33180 US	
2. Principal Place of Business 20801 BISCAYNE BLVD. Suite, Apt. #, etc. STE. 403		3. Mailing Address 20801 BISCAYNE BLVD. Suite, Apt. #, etc. STE. 403		24068937 	
City & State AVENTURA, FL		City & State AVENTURA, FL		4. FEI Number 65-0324390	
Zip 33180		Country MIAMI-DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLEWETT, ROBERT D. 767 ARTHUR GODFREY RD MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name WINKLER, EILEEN Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD. SUITE 403 City AVENTURA FL Zip Code 33180	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: EILEEN WINKLER, PRESIDENT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
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		DATE 4/27/04	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINKLER, EILEEN 20801 BISCAYNE BLVD STE 505 403 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			EILEEN WINKLER, PRES.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4/27/04		
			Daytime Phone # (305) 692-7711		