

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1492

FILED

05 AUG -1 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # V30836					
1. Entity Name FINANCE ONE OF SOUTH FLORIDA, INC.					
Principal Place of Business 8101 LAUREL RIDGE COURT DELRAY BEACH, FL 33446			Mailing Address 8101 LAUREL RIDGE COURT DELRAY BEACH, FL 33446		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0329948	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREWSTER, ROBERT 8101 LAUREL RIDGE COURT DELRAY BEACH, FL 33446			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWSTER, ROBERT A		NAME	Brewster, Carole E.	
STREET ADDRESS	8101 LAUREL RIDGE COURT		STREET ADDRESS	8101 Laurel Ridge Court	
CITY - ST - ZIP	DELRAY BEACH, FL 334469537		CITY - ST - ZIP	Delray Beach, FL 334469537	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 empowers.					
SIGNATURE: Robert A. Brewster 			7/26/2005 561-445-9314		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032

REFERENCE : 516030 5840A

AUTHORIZATION

Patricia Pizzuti

COST LIMIT : \$ 61.25

ORDER DATE : August 1, 2005

ORDER TIME : 11:58 AM

ORDER NO. : 516030-005

CUSTOMER NO: 5840A

CUSTOMER: Ms. Dortha Depace
Steven I. Greenwald, P.A.
Suite 105
6971 N. Federal Highway
Boca Raton, FL 33487

ANNUAL REPORT FILING

NAME: FINANCE ONE OF SOUTH FLORIDA,
INC.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney-EXT#2916

EXAMINER'S INITIALS: _____