

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J82226

1. Entity Name
ACCUPAY SERVICES CORP.



Principal Place of Business
**4801 S UNIVERSITY DR
SUITE 3000
DAVIE, FL 33328 US**

Mailing Address
**4801 S UNIVERSITY DR
SUITE 3000
DAVIE, FL 33328 US**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0003494

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MIGUEL J. CPA
4801 S UNIVERSITY DR
SUITE 3000
DAVIE, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MIGUEL J 4801 S UNIVERSITY DR, SUITE 3000 DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINZBRUNNER, DAVID 4801 S. UNIVERSITY DR, SUITE 3000 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONIGLIO, JOHN A 4801 S. UNIVERSITY DR, SUITE 3000 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNZBRUNNER-BLOOM, ZENA 4801 S. UNIVERSITY DR, SUITE 3000 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/25/05-80001-004 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____