02-08-2007 90051 050 ***150.00
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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 357050

1. Entity Name
PAYBANK CORP

FILED
07 MAR -7 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3129 WHALL BEACH BLVD #107 PEMBROKE PARK, FL 33009	3129 WHALL BEACH BLVD #107 PEMBROKE PARK, FL 33009

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0855125
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, DAVID
4921 N 38TH CT
HLYWD, FL 33021

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HELFAN, MARJORIE
STREET ADDRESS	4024 N OCEAN DR
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	SILVER, ZELDA
STREET ADDRESS	3800 YACHT CLUB DR
CITY-ST-ZIP	AVENTURA, FL 33150
TITLE	P
NAME	HARRIS, DAVID
STREET ADDRESS	4921 N 38TH CT
CITY-ST-ZIP	HLYWD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3/8

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marjorie Helfan Sec. 1/30/07 954-966-6730
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #