

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 509378

1. Entity Name
CONSUMER ACCOUNT SYSTEMS, INC.



05 JUN 22 PM 3:50

Principal Place of Business
6615 BOYNTON BEACH BLVD., #310
BOYNTON BEACH, FL 33437

Mailing Address
6615 BOYNTON BEACH BLVD., #310
BOYNTON BEACH, FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04112005

Chg-P

CR2E034 (10/03)

05

4. FEI Number
59-1726036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, WILLIAM M
6615 BOYNTON BEACH BLVD., #310
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name LISBETH E. SUAREZ
Street Address (P.O. Box Number is Not Acceptable)
6075 SABLE PALM BLVD #310

City TAMARAC FL Zip Code 33319

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

4/12/05

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME THOMAS, ALEYKA ☒ Delete
STREET ADDRESS 6615 BOYTON BEACH BOULEVARD #310
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LISBETH E. SUAREZ ☐ Change ☒ Addition
STREET ADDRESS 6075 SABLE PALM BLVD #310
CITY-ST-ZIP TAMARAC FL 33319

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

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

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

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

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 reports 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

4/12/05

Date

Daytime Phone #

6/20/05

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