

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J82226**

1. Entity Name  
**ACCUPAY SERVICES CORP.**



Principal Place of Business

**4801 S UNIVERSITY DR  
SUITE 3090  
DAVIE, FL 33328 US**

Mailing Address

**4801 S UNIVERSITY DR  
SUITE 3090  
DAVIE, FL 33328 US**

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

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 3090  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000622499  
02/13/07-80026-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RODRIGUEZ, MIGUEL J  
STREET ADDRESS 4801 S UNIVERSITY DR STE 3090  
CITY-ST-ZIP DAVIE, FL 33328

TITLE VD  
NAME KINZBRUNNER, DAVID  
STREET ADDRESS 4801 S UNIVERSITY DR STE 3090  
CITY-ST-ZIP DAVIE, FL 33328

TITLE TD  
NAME CONIGLIO, JOHN A  
STREET ADDRESS 4801 S UNIVERSITY DR STE 3090  
CITY-ST-ZIP DAVIE, FL 33328

TITLE SD  
NAME KNZBRUNNER-BLOOM, ZENA  
STREET ADDRESS 4801 S UNIVERSITY DR STE 3090  
CITY-ST-ZIP DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Zena Kinzbrunner-Bloom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/07 954)680-6114