## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2008 8:00 am Secretary of State 01-29-2008 90005 013 \*\*\*150.00

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DOCUMENT # J82226	A STATE OF THE STA	01-29-2008 90005 013 ***150.00				
Enuty Name     ACCUPAY SERVICES CORP.						
Principal Place of Business	Mailing Address	<b></b>	40011914			
1776 NORTH PINE ISLAND RO., SUITE 216	1776 NORTH PINE IS		40011011			
PLANTATION, FL 33322 US	PLANTATION, FL 333	322 US .				
			) ( <b>.</b> 1   <b>.</b> 1   1   1   1   1   1   1   1   1   1			
Principal Place of Business - No P.O. Box # 3. Mailing Address				,		
Suite, Apt. #, etc. Suite, Apt. #, etc.			01162008 Chg-P	CR2E034 (12/06)		
City & State	City & State		4. FEI Number 65-0003494	<b>⊢</b>	olied For Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desir	ed S8.75 Addi Fee Required		
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
PODDICHEZ MICHEL LODA		Name				
RODRIGUEZ, MIGUEL J. CPA 4801 S UNIVERSITY DR	Straet Addres	Street Address (P.O. Box Number's Not Acceptable) 1776 North Pinc Island Road				
SUITE 3090	101					
DAVIE, FL 33328	20110	d16				
(, ()		City Plan	tation	FL   333	22	
8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
Migu	1 6	$\supset$	,	120/00		
SIGNATURE Sometime, typed or primed name at registered agent	and atteit applicable (NO	Registered Agent signature requ	ared when reinstating)	CATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Camp Trust Fund Co		55.00 May Be added to Fees			
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	IN 11	
TITLE PD	☐ Delete	THTLE		☐ Change	Addition	
NAME RODRIGUEZ, MIGUEL J	01475 046	NAME				
STREET ADDRESS 1776 NORTH PINE ISLAND RD., SUITE 216 CITY-ST-ZIP PLANTATION, FL 33322		STREET ADDRESS CITY-ST-ZIP				
TITLE VD	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME KINZBRUNNER, DAVID		NAME			_	
STREET ADDRESS 1776 NORTH PINE ISLAND RD., SUITE 216		STREET ADDRESS				
CITY-SI-ZIP PLANTATION, FL 33322		CITY-ST-ZIP				
TITLE TD CONIGLIO, JOHN A	☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS 1776 NORTH PINE ISLAND RD., SUITE 216		STREET ADDRESS				
CITY-ST-ZIP PLANTATION, FL 33322		CITY-ST-ZIP				
TITLE SD						
NAME KNZBRUNNER-BLOOM, ZENA	☐ Delete	TITLE NAME		☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-Z-P

STREET ADDRESS CITY-ST-ZP

TITLE

NAME STREET ADDRESS

TITLE NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

PLANTATION, FL 33322

Sena :	Kinsl	runner
IGNATURE AND TYPED OR PRINT	TED NAME OF SIGNING	OFFICER OR DIRECTOR

Delete

☐ Delete

24/08 954)680-6

☐ Change

☐ Change

☐ Addition

☐ Addition