

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # K07513

1. Entity Name
FOREIGN CURRENCY EXCHANGE CORP



Principal Place of Business

5750 MAJOR BLVD.
SUITE 200
ORLANDO, FL 32819

Mailing Address

5750 MAJOR BLVD.
SUITE 200
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2862300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
200 SOUTH ORANGE AVENUE
SUITE 2600
ORLANDO, FL 32801

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME PINNA, RANDOLPH W
STREET ADDRESS 5750 MAJOR BLVD, SUITE 200
CITY-ST-ZIP ORLANDO, FL 32819

TITLE TD
NAME MOLYNEAUX, DES
STREET ADDRESS 5750 MAJOR BLVD STE 200
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D
NAME REDMOND, JOE
STREET ADDRESS HUME HOUSE BALLSBRIDGE
CITY-ST-ZIP DUBLIN1, IRELAND,

TITLE D
NAME STOKES, GARRETT
STREET ADDRESS 4 CUSTOM HOUSE PLAZA
CITY-ST-ZIP DUBLIN1, IRELAND,

TITLE D
NAME PHELAN, GILLIAN
STREET ADDRESS 4 CUSTOM HOUSE PLAZA
CITY-ST-ZIP IFSC DUBLIN 1, IRELAND,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000008038
01/20/04-80049-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

DES MOLYNEAUX X C.O.O. 1/15/04 407 992 2797