2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M19364

1. Entity Name
DEFAULT PROOF CREDIT CARD SYSTEM INC.

Principal Place of Business	Mailing Address
1545 MILLER RD CORAL GABLES, FL 33146 US	1545 MILLER RD CORAL GABLES, FL 33146 US

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2686523 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUERVO, VINCENT
1545 MILLER RD
CORAL GABLES, FL 33146

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

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	CEO
NAME	CUERVO, VINCENT
STREET ADDRESS	1545 MILLER RD
CITY-ST-ZIP	CORAL GABLES, FL 331462309
TITLE	VPD
NAME	SOSA, CIRO B.
STREET ADDRESS	112 CIBAO COURT
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	LLAGUNO, PEDRO P.
STREET ADDRESS	2050 CORAL WAY #404
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	PCFO
NAME	MENENDEZ, CHARLES A
STREET ADDRESS	1571 BIRD ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	AGUIRRE, JOSE E
STREET ADDRESS	1064 CEDAR FALLS DR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000019295
01/23/04-80020-006 150.00

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: VINCENT CUERVO 1/26/04 305-666-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #