

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # M19364

1. Entity Name
DEFAULT PROOF CREDIT CARD SYSTEM INC.



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

Mailing Address
1545 MILLER RD
CORAL GABLES, FL 33146 US



01042005 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

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, 2005 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
1084 CEDAR FALLS DR
CITY-ST-ZIP
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/07/05-80014-002 150.00

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 #

VINCENT CUERVO, CEO 1/6/05 305-666-1460