

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M19364

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** DEFAULT PROOF CREDIT CARD SYSTEM INC.

**Current Principal Place of Business:**

1545 MILLER RD  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

1545 MILLER RD  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 59-2686523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUERVO, VINCENT - CEO  
1545 MILLER RD  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** VINCENT CUERVO  
**Address:** 1545 MILLER RD  
**City-St-Zip:** CORAL GABLES, FL 33146

**Title:** VPD  
**Name:** CIRO B. SOSA  
**Address:** 112 CIBAO COURT  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** PCFO  
**Name:** CHARLES A. MENENDEZ  
**Address:** 1571 BIRD ROAD  
**City-St-Zip:** CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** /VINCENT CUERVO/

CEO

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date