2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

DOCUMENT# M19364

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

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 02/08/2011

Electronic Signature of Signing Officer or Director Date