

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000004829

1. Entity Name
INTEGRITY CREDIT COUNSELING SERVICES, INC.



Principal Place of Business

3600 SOUTH STATE ROAD #7
SUITE 12
MIRAMAR, FL 33023

Mailing Address

PO BOX 69-3574
MIAMI, FL 33269



03262005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

65-1027875

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOLNIER, PAUL M
7091 MOSLEY STREET
HOLLYWOOD, FL 33024

**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

Sign above, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MARKS, MITCHELL S
STREET ADDRESS 701 NW 210 ST #511
CITY-STATE-ZIP MIAMI, FL 33169

TITLE D
NAME MARKS, VIVIEN M
STREET ADDRESS 701 NW 210 ST #511
CITY-STATE-ZIP MIAMI, FL 33169

TITLE D
NAME DOLNIER, PAUL M
STREET ADDRESS 7091 MOSLEY STREET
CITY-STATE-ZIP HOLLYWOOD, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000288362
04/05/05-80006-023 \$1.25

**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 617, 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 #

MITCHELL S. MARKS

3/26/05

305-651-3923