


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90014 036 ****70.00

DOCUMENT # N97000000827

1. Entity Name
CONSUMER CREDIT PROTECTION AGENCY, INC.



Principal Place of Business
~~324 NORTH DALE MABRY HIGHWAY~~
~~SUITE 100~~
~~TAMPA, FL 33609 US~~

Mailing Address
~~324 NORTH DALE MABRY HIGHWAY~~
~~SUITE 100~~
~~TAMPA, FL 33609 US~~



2. Principal Place of Business
306 East Tyler Street

3. Mailing Address
306 East Tyler Street

Suite, Apt. #, etc.
2nd Floor

04162004 Chg-NP CR2E037 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country
US

4. FEI Number
59-3427080

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VELILLA, MANNY
~~324 NORTH DALE MABRY HIGHWAY~~
~~SUITE 100~~
~~TAMPA, FL 33609~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
306 East Tyler Street, 2nd Floor

City **Tampa** State **FL** Zip Code **33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FEINBERG, RICHARD 306 E. TYLER ST. #300 TAMPA, FL 336023823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VELILLA, MANNY 324 N DALE MABRY HWY, STE 100 TAMPA, FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, PATRICK 306 E. TYLER ST. #300 TAMPA, FL 336023823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 E. Tyler Street, 2nd Floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 E. Tyler Street, 2nd Floor Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 E. Tyler Street, 2nd Floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Manny Velilla* 4/16/04 (813) 879-8400