2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# P00000009791

Entity Name: BANCARD SERVICES, INC.

Current Principal Place of Business:

1883 W. STATE RD. 84 SUITE 105
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1883 W. STATE RD. 84 SUITE 105
SUITE 1003
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 52-2212983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, STEPHEN J
1883 W. STATE RD. 84, SUITE 105
FORT LAUDERDALE, FL 33315

Name and Address of New Registered Agent:

SHAPIRO, STEPHEN J
1883 W. STATE RD. 84
SUITE 105
FORT LAUDERDALE, FL 33315

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: STEPHEN SHAPIRO 01/07/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHAPIRO, STEPHEN J
Address: 1883 W. STATE RD. 84 #105
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D ( ) Delete
Name: SHAPIRO, SCOTT P
Address: 1883 W. STATE RD. 84 #105
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: KARGER, DARREN
Address: 42 EMERSON RD.
City-St-Zip: MORRIS PLAINS, NJ 07950

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN SHAPIRO D 01/07/2004
Electronic Signature of Signing Officer or Director Date