

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90501 050 ***150.00

DOCUMENT # P00000073732

1. Entity Name
MONEY PLAYERS, INC.



Principal Place of Business
**161 SW 6TH TERRACE
BOCA RATON, FL 33486**

Mailing Address
**161 SW 6TH TERRACE
BOCA RATON, FL 33486**

01062004 No Chg-P CR2E034 (10/03)



DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MERLES, DAVID
161 SW 6TH TERRACE
BOCA RATON, FL 33486**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renovating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MERLES, DAVID
STREET ADDRESS	161 SW 6TH TERRACE
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	VPD
NAME	WILSON, ROBERT
STREET ADDRESS	4007 BROWNSTONE
CITY - ST - ZIP	HOUSTON, TX 77053
TITLE	VPD
NAME	MCINTOSH, TODDRICK
STREET ADDRESS	3770 SW 48TH AVENUE
CITY - ST - ZIP	HOLLYWOOD, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 607, 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: *David Merles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04
Date

561-395-2533
Daytime Phone #