

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90021 048 \*\*\*150.00

<b>DOCUMENT # P01000038574</b>	
1. Entity Name ATTORNEY CREDIT CARD SERVICES, INC.	

Principal Place of Business 5621 14TH AVE SO GULFPORT, FL 33707	Mailing Address 7667 NO. WICKHAM RD. #408 MELBOURNE, FL 32940
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J2002000



2. Principal Place of Business 1425 Aurora Rd Suite, Apt. #, etc. Suite A City & State Melbourne, FL Zip 32935 Country Brazil	3. Mailing Address 1425 Aurora Rd. Suite, Apt. #, etc. Suite A City & State Melbourne, FL Zip 32935 Country Brazil
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04122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GRIFFIN, TRACY L 5621 14TH AVE SO GULFPORT, FL 33707	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1425 Aurora Rd. Suite A City Melbourne FL Zip Code 32935	
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GRIFFIN, TRACY L R,T,S 5621 14TH AVENUE SO GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1425 Aurora Rd. Suite A Melbourne FL 32935 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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:  4-12-4 321-242-2529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #