

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000068823

1. Entity Name
CREDIT CARD POS DEPOT, INC,



FILED

05 JUL -8 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3705 NW 115TH AVE., #8A
MIAMI, FL 33178**

Mailing Address
**3705 NW 115TH AVE., #8A
MIAMI, FL 33178**



2. Principal Place of Business
15373 SW 19 Terrace
Suite, Apt. #, etc.
Miami, FL 33185
City & State

3. Mailing Address
PO BOX # 941086
Suite, Apt. #, etc.
Miami, FL
City & State

07072005 REIN-P CR2E098 (6/04)

4. FEI Number
65-1147510
Applied For
 Not Applicable

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

Zip
33185

Country
USA

Zip
33194

Country
USA

6. Name and Address of Current Registered Agent

**ORTA, CARMEN B
3705 NW 115TH AVE, STE. 8A
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	ORTA, CARMEN B	3705 NW 115 AVE., STE. 8A	MIAMI, FL 33178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S	Say, Olivette	15373 SW 19 Terrace	Miami, FL 33185	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

800057367668
07/12/05--01075--011 **\$300.00

[Handwritten Signature]

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 an officer like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05 (305) 225-2560
Date Daytime Phone #