

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068823

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: CREDIT CARD POS DEPOT, INC,

**Current Principal Place of Business:**

15373 SW 19 TERRACE  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 941686  
MIAMI, FL 33194

**New Mailing Address:**

FEI Number: 65-1147510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ORTA, CARMEN B  
15373 SW 19 TERRACE  
MIAMI, FL 33185 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

07/05/2006

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ORTA, CARMEN B  
Address: 3705 NW 115 AVE., STE.8A  
City-St-Zip: MIAMI, FL 33178

Title: S ( ) Delete  
Name: SAY, OLIVETTE  
Address: 15373 SW 19 TERRACE  
City-St-Zip: MIAMI, FL 33185

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ORTA, CARMEN B  
Address: 15373 SW 19 TERRACE  
City-St-Zip: MIAMI, FL 33185

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CARMEN B. ORTA

Electronic Signature of Signing Officer or Director

PD

07/05/2006

Date