

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01-0000 68823
1. Entity Name

CREDIT CARD POS Depot Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 26 PM 12:24

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3705 NW 115 Ave Suite 8A 3. Mailing Address 3705 NW 115 Ave Suite 8A

Suite, Apt. #, etc. Miami FLORIDA Suite, Apt. #, etc. Miami Florida

City & State Miami City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 651147510 Applied For Not Applicable

Zip 33178 Country USA Zip 33178 Country USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CARMEN B ORTA
Street Address (P.O. Box Number is Not Acceptable) 3705 NW 115 Ave Suite 8A
Miami
City FL Zip Code 33178

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.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME |
|-----------------------|---------------------------------|
| <u>PD</u> | <u>CARMEN B ORTA</u> |
| <u>STREET ADDRESS</u> | <u>3705 NW 115 Ave Suite 8A</u> |
| <u>CITY-ST-ZIP</u> | <u>MIAMI FL. 33178</u> |
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TITLE NAME 000022766320
STREET ADDRESS 09/04/03--01093--004 **300.00
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] DATE 8/25/03 Daytime Phone # 786-512-9731

AUGUST 25, 2003

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

REF: CHANGE OF ADDRESS AND ACTIVATED CORPORATION
DOCUMENT: P01000068823

DEAR SIR OR MADAME:

THE CORPORATE ANNUAL REPORT IN QUESTION WAS NOT SUBMITTED BECAUSE OF NEGLIGENCE OR RESPONSIBILITY ON MY BEHALF, BUT RATHER FOR NOT BEING PROPERLY ASSESSED BY MY ACCOUNTANT, SINCE HE IS ON A PROCESSED OF WAITING FOR A KIDNEY TRANSPLANT, HE WORKING NO TIME, LITTLE TIME, OR NO TIME AT ALL. ALSO BECAUSE I MOVED TO ANOTHER LOCATION THE REPORT WAS NEVER RECEIVED. I HAD CALLED THE SECRETARY TO CHANGE THE MAILING AND THE PRINCIPAL ADDRESS AND IT WAS NEVER CHANGED.

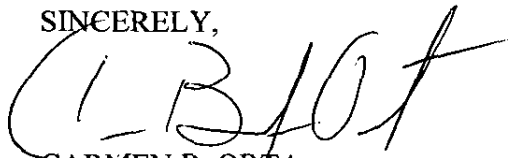
PLEASE I KINDLY REQUEST CONSIDERATION AND THE WAIVING OF PENNALTIES WITH THE ASSURANCE THIS OVERSIGHT WILL NEVER HAPPEN AGAIN.

ENCLOSED IS A CASHIER CHECK FOR \$300.00 IN CASES YOU DECIDE TO WAIVED PENNALTY FOR THE CORPORATE FEE.

OUR NEW ADDRESS FOR THE LAST TWO YEARS **3705 NW 115 AVE
SUITE 8-A MIAMI FL 33178.**

ONCE AGAIN YOUR CONSIDERATION TO THIS MATTER IS GREATLY APPRECIATED; PLEASE FEEL FREE TO CONTACT ME AT 786-512-9731. SHOULD YOU HAVE ANY QUESTION.

SINCERELY,



CARMEN B. ORTA
CREDIT CARD P.O.S. DEPOT