

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000101646

1. Entity Name
MONEY PLUS STABLE, INC.



Principal Place of Business
**713 S.W. 122ND AVENUE
PEMBROKE PINES, FL 33025**

Mailing Address
**3914 HAWKS COURT
WESTON, FL 33331**



05202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
60-0001677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, RODOLFO G
3914 HAWKS COURT
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

7. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ACRICH, MARLENE
713 S.W. 122ND AVENUE
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ACRICH, JACK A.
713 S.W. 122ND AVENUE
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/04

Date

954 6506175

Daytime Phone #