

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90038 007 ***150.00

DOCUMENT # P01000107086	
1. Entity Name YOUR COLLECTION SOLUTION, INC.	

Principal Place of Business 9715 W. BROWARD BLVD. SUITE #270 PLANTATION, FL 33324	Mailing Address 9715 W. BROWARD BLVD. SUITE #270 PLANTATION, FL 33324
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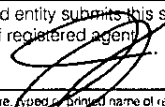
50004144

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01112005 Chg-P	CR2E034 (10/03)
4. FEI Number 65-1151611	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

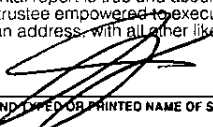
6. Name and Address of Current Registered Agent ROSNER, JEFFREY 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: 	DATE: 1/15/05
(NOTE: Registered Agent signature required when reconstituting)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE: 1/15/05
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

ATTACHMENT



50004144

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 11, 2005

YOUR COLLECTION SOLUTION, INC.
9715 W. BROWARD BLVD.
SUITE #270
PLANTATION, FL 33324

SUBJECT: YOUR COLLECTION SOLUTION, INC.
Ref. Number: P01000107086

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

-Katrina Sutphin-

Letter Number: 305A00002105