


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90065 025 \*\*\*150.00

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DOCUMENT # <b>P02000023527</b>	
1. Entity Name <b>A-1 PROCESSING SERVICES</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>10300 SUNSET DR.</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>411</b>		Suite, Apt. #, etc.	
City & State <b>MIAMI FLORIDA</b>		City & State	
Zip <b>33173</b>	Country <b>DAVE</b>	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>043670084</b>		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>ROSE CHARLES</b>		
Street Address (P.O. Box Number is Not Acceptable)			
City <b>MIAMI</b>			FL Zip Code <b>33173</b>

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

*[Signature]*

**5/25/04**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PR. ROSE CHARLES 10300 SUNSET DR. STE 411 MIAMI FL 33173</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC DOROTHY CHARLES 15731 SW 141st MIAMI FL 33196</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/23/04**

Date

Daytime Phone #

CR2E034B (12/02)