2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

	71111071	KEFOKI			'		J J			
DOCUMENT # P02000067628 1. Entity Name IPAYDEBT INC						04-26-20	04 90578	009 ***15	8.75	
Principal Place	of Business	Mailing Address								
1845 S. FEDERAL HIGHWAY, STE.352 DELRAY BEACH, FL 33483 1845 S. FEDERAL HIGHWAY, ST DELRAY BEACH, FL 33483			STE.352		54041192					
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786		3. Mailing Address 7860 NW Suite, Apt. #, etc.	71 St							
Suite, Apt.	+, etc. L	304		0-	4202004	Chg-P	CR2I	E034 (10/03)		
City & State	9 .	City & State		4.	FEI Numbe	r		Ар	plied For	
Mizm	i , FL	Mizmi, FL			81-055	7325		No	t Applicable	
Zip 331	bb Country	Zip 33166 Cou	م کر untry	 5.	Certificate	of Status Desire	d 🗹	\$8.75 Add Fee Required		
	6. Name and Address of Current I	<u> </u>	1		Name and	Address of Ne	w Registere		,	
			Name							
WALLIS & WALLIS, P.A.			Stroot Ad	Street Address (P.O. Box Number is Not Acceptable)						
	LANTIC BLVD., STE.307 DBEACH, FL 33062		Street AC	uless (F.O.	BOX INUITIO	s is not accept	3016)			
FOWEARC	7 DEAGN, PE 33002							-		
•			City				F	Zip Code	e	
						to the day of		<u> </u>		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its registe	erea onice or i	registered a	gent, or bot	n, in the State o	r Fiorida. Ta	m tamiliar with,	and accept	
				•						
SIGNATURE_	Signature, typed or printed name of registered agent (and title if applicable. (NOTE: Registr	ered Agent signatur	re required when	reinstating)		DAT			
FIL	Signature. typed or printed name of registered agent of Properties	9. Election Campaign Fin	nancing	\$5.00 Added to	May Be		DAT	E		
FIL	E NOW!!! FEE IS \$150.00	Election Campaign Fin Trust Fund Contribution	nancing n.	\$5.00 Added to	May Be Fees	CHANGES TO			S IN 11	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Fin Trust Fund Contribution DIRECTORS	nancing n.	\$5.00 Added to A	May Be Fees DDITIONS				S IN 11	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUBST. SUBSTANTINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04 786-336-0338