

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90578 009 ***158.75

DOCUMENT # P02000067628 1. Entity Name IPAYDEBT INC			
Principal Place of Business 1845 S. FEDERAL HIGHWAY, STE.352 DELRAY BEACH, FL 33483		Mailing Address 1845 S. FEDERAL HIGHWAY, STE.352 DELRAY BEACH, FL 33483	
2. Principal Place of Business 7860 NW 71 St Suite, Apt. #, etc. 304 City & State Miami, FL Zip 33166 Country USA		3. Mailing Address 7860 NW 71 St Suite, Apt. #, etc. 304 City & State Miami, FL Zip 33166 Country USA	
4. FEI Number 81-0557325		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WALLIS & WALLIS, P.A. 2641 E. ATLANTIC BLVD., STE.307 POMPANO BEACH, FL 33062		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BARRERO, JOSEPH 1845 S. FEDERAL HWY. #352 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, MATTHEW T 1845 S. FEDERAL HWY. #352 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Barrero, Joseph 7860 NW 71 St, #304 Miami, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Williams, Matthew T. 7860 NW 71 St, #304 Miami, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Williams, Matthew T. 7860 NW 71 St, #304 Miami, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Williams, Matthew T. 7860 NW 71 St, #304 Miami, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/20/04 786-336-0338 Date Daytime Phone #	