2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106123

FILED Feb 07, 2005 Secretary of State

Entity Name: AMALGAMATED DEBT COLLECTION SERVICES, INC.

Current P	rincipal Place	of Business:	New Principal Place	of Business:
1470 NW MIAMI, FL				
Current Mailing Address:		New Mailing Address:		
1470 NW MIAMI, FL				
FEI Number	: 27-0032180	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
DIAZ, JUA 1470 NW MIAMI, FL	107 AVE			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida. RE:	submits this statement for the particles of Registered Agric Signature of Registered Agr		ed office or registered agent, or both, Date
in the Stat	e of Florida. RE: Electror	·		
in the Stat SIGNATU Election Ca	e of Florida. RE: Electror	nic Signature of Registered Ago	ent	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electror mpaign Financing S AND DIREC	ic Signature of Registered Ago Trust Fund Contribution (). TORS: Delete	ent	Date
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electror mpaign Financing S AND DIREC D () DIAZ, JUAN J 1470 NW 107 A MIAMI, FL 331	ic Signature of Registered Agr g Trust Fund Contribution (). TORS: Delete VE 72 Delete ITA J	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN J. DIAZ RA 02/07/2005