


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90122 012 ***150.00

DOCUMENT # P03000049607 1. Entity Name AMERICAN COLLECTION BUREAU INC.																											
Principal Place of Business PO BOX 22-8382 MIAMI, FL 33122		Mailing Address PO BOX 22-8382 MIAMI, FL 33122																									
2. Principal Place of Business PO BOX 22-7575		3. Mailing Address PO BOX 22-7575																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State MIAMI, FL		City & State MIAMI FL																									
Zip B3122		Zip 33122																									
Country USA		Country USA																									
4. FEI Number 20-0016747		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PESANT, GUILLERMO 1313 PONCE DE LEON SUITE 301 MIAMI, FL 33134		7. Name and Address of New Registered Agent Name PESANT, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON SUITE 301 City CORAL GABLES FL Zip Code 33134																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, JUAN L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 22-8382</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33122</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	HERNANDEZ, JUAN L		STREET ADDRESS	PO BOX 22-8382		CITY - ST - ZIP	MIAMI, FL 33122		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PO BOX 22-7575</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI FL 33122</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PO BOX 22-7575	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIAMI FL 33122		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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/10/06 786 277-575 <small>Date Daytime Phone</small>																									