


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90078 001 ***150.00

DOCUMENT # P03000074829 1. Entity Name FIRST CHOICE CREDIT SERVICES, CORP.					
Principal Place of Business 6521 COWPEN ROAD SUITE G-205 MIAMI LAKES, FL 33014			Mailing Address 6521 COWPEN ROAD SUITE G-205 MIAMI LAKES, FL 33014		
2. Principal Place of Business 1357 S. UNIVERSITY DR Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 848716 Suite, Apt. #, etc.		
City & State Plantation FL Zip 33324		City & State Dembroke pines FL Zip 33084		4. FEI Number 161674907	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HICHEZ, LESLEYA R 6521 COWPEN ROAD SUITE G-205 MIAMI LAKES, FL 33014				7. Name and Address of New Registered Agent Name Lesley Reyes-gambaa Street Address (P.O. Box Number is Not Acceptable) 2391 NW 96th Terr # C City Dembroke pines FL Zip Code 33024	
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 Lesley Reyes-gambaa Lesley Reyes-gambaa 3/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<input checked="" type="checkbox"/> 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	P HICHEZ, LESLEYA R 6521 COWPEN ROAD #G-205 MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lesley Reyes-gambaa 1357 S. UNIVERSITY DRIVE Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lesley Reyes-gambaa <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/9/04 7664887595 <small>Date Daytime Phone #</small>		

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