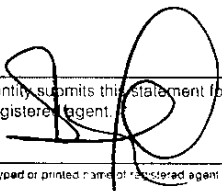


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90076 003 ***150.00

DOCUMENT # P03000076188					
1. Entity Name CA PROCESSING CENTER, INC.					
Principal Place of Business 14236 SW 158 PL MIAMI, FL 33196			Mailing Address 14236 SW 158 PL MIAMI, FL 33196		
2. Principal Place of Business - No P.O. Box # 19308 SW 80 CT		3. Mailing Address ← Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cutler Bay FL		City & State		4. FEI Number 31-1824967	
Zip 33157		Country Miami, Fla		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, CHRISSY 14236 SW 158 PL MIAMI, FL 33196			7. Name and Address of New Registered Agent Name: <u>Chrissy Garcia</u> Street Address (P.O. Box Number is Not Acceptable): 19308 SW 80 CT City: <u>Cutler Bay</u> FL Zip Code: <u>33157</u>		
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:  DATE: <u>4/5/07</u> <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, 2007 Fee will be \$550.00		9. Election Campaign Financing <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	D GARCIA, CHRISSY <input type="checkbox"/> Delete 14236 SW 158 PL MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Chrissy Garcia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19308 SW 80 CT Cutler Bay FL 33157	
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	
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	
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	
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	
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	
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: 			Date: <u>4/5/07</u> Daytime Phone: <u>(305) 336-0555</u>		