

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90219 007 ***150.00

DOCUMENT # P03000119556

1. Entity Name
CREDIT MAINTENANCE & BUDGET ASSOC., INC



Principal Place of Business
**9624 NW 7 CIRCLE
1515
PLANTATION, FL 33324**

Mailing Address
**9624 NW 7 CIRCLE
1515
PLANTATION, FL 33324**

94073944



2. Principal Place of Business
**9624 NW 7th Circle
Suite, Apt. #, etc.
1515
City & State
Plantation, FL
Coral Springs, FL
Zip
33324
Country
USA**

3. Mailing Address
**1050 Coral Ridge Dr
Suite, Apt. #, etc.
#201
City & State
Coral Springs, FL
Zip
33071
Country
USA**

04072004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0334233
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STRAUSS, MATTHEW W
9624 NW 7 CIRCLE
1515
PLANTATION, FL 33324**

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

Matthew W. Strauss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-13-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **MR** ☐ Delete
NAME **STRAUSS, MATTHEW W**
STREET ADDRESS **9624 NW 7 CIRCLE 1515**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Matthew W. Strauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-04
Date

(954) 405-4576
Daytime Phone #