

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90050 022 \*\*\*150.00

**DOCUMENT # P04000007065**

1. Entity Name  
**CARDS PLUS, INC.**



Principal Place of Business  
**6697 WOODBRIDGE DR  
BOCA RATON, FL 33434 US**

Mailing Address  
**6697 WOODBRIDGE DR  
BOCA RATON, FL 33434 US**

00000106



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0590616**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MILLER, HELENE  
6697 WOODBRIDGE DRIVE  
BOCA RATON, FL 33434**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MILLER, HELENE
STREET ADDRESS	6697 WOODBRIDGE DR
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VP
NAME	MARGOLIS, ELIZABETH
STREET ADDRESS	6040 NW 96TH DR.
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	VP
NAME	LARRY MILLER
STREET ADDRESS	Same as above
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Helene Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/07*  
Date

Daytime Phone #