

2004 ANNUAL REPORT

DOCUMENT # P04095

1. Entity Name
ENCIRCLE COLLECTIONS, INC.



Principal Place of Business

1691 NW 107TH AVE.
MIAMI, FL 33172 US

Mailing Address

INSTACHECK COLLECTIONS, INC.
1691 N.W. 107TH AVE.
MIAMI, FL 33172 US

DO NOT WRITE IN THIS SPACE

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90020 037 ***158.75



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2466604	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAJWANI, ANIL
1691 N.W. 107 AVE.
SUITE 410
MIAMI, FL 33172

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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, 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 PD
NAME GAJWANI, ANIL
STREET ADDRESS 1691 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI, FL

TITLE VD
NAME GAJWANI, NILAM
STREET ADDRESS 1691 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI, FL

TITLE STD
NAME GAJWANI, SURESH
STREET ADDRESS 1691 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME GAJWANI, KIRON
STREET ADDRESS 1691 N.W. 107 AVE.
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #