

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

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

04-13-2004 90020 037 ***158.75



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2466604

Applied For
Not Applicable

5. Certificate of Status Desired



\$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

**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, 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	

**DO NOT WRITE
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)(c), 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 #