

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90076 022 \*\*\*150.00

40046355



03092007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000052140</b> 1. Entity Name <b>ELITE CARD SERVICES, INC.</b>					
Principal Place of Business <b>6278 N. FEDERAL HIGHWAY #109 FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>6278 N. FEDERAL HIGHWAY #109 FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business - No P.O. Box # <b>1180 SW 36 Ave.</b>		3. Mailing Address <b>1180 SW 36 Ave.</b>			
Suite, Apt. #, etc. <b>205</b>		Suite, Apt. #, etc. <b>205</b>			
City & State <b>Pompano Beach, FL</b>		City & State <b>Pompano Beach, FL</b>		4. FEI Number <b>20-2667197</b>	
Zip <b>33069</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOWENSTEIN, SUSAN 239 SE 3RD AVE. POMPAÑO BEACH, FL 33060</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVPT LOWENSTEIN, SUSAN A 821 NE 9TH AVENUE POMPAÑO BEACH, FL 33060</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>			Date: <b>3-28-07</b> Daytime Phone: # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					