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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66012117

04262007 Chg-P CR2E034 (12/06)

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000139358

1. Entity Name
THE BANKRUPTCY CENTER, INC.

Principal Place of Business	Mailing Address
2470 NW 102 PLACE 107-C DORAL, FL 33172	2470 NW 102 PLACE 107-C DORAL, FL 33172

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7925 NW 12 ST		7925 NW 12 ST	
Suite, Apt. #, etc.: 330		Suite, Apt. #, etc.: 330	
City & State: DORAL, FL		City & State: DORAL, FL	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

4. FEI Number: 26-0317178 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, LAZARO J 2470 NW 102 PLACE 107-C DORAL, FL 33172	Name: LAZARO J LOPEZ, ESQ Street Address (P.O. Box Number is Not Acceptable): 7925 NW 12 ST, STE 330 City: DORAL FL Zip Code: 33126

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] 4-26-07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, LAZARO J ESQ 2470 NW 102 PLACE, STE. 107-C DORAL, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, LAZARO J, ESQ 7925 NW 12 ST, STE 330 DORAL, FL 33126 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE [signature] 4-26-07 (305) 477-5933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #