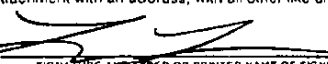


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 JUN -8 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66012117

DOCUMENT # P05000139358			
1. Entity Name THE BANKRUPTCY CENTER, INC.			
Principal Place of Business 2470 NW 102 PLACE 107-C DORAL, FL 33172		Mailing Address 2470 NW 102 PLACE 107-C DORAL, FL 33172	
2. Principal Place of Business - No P.O. Box # 7925 NW 12 ST Suite, Apt. #, etc. 330		3. Mailing Address 7925 NW 12 ST Suite, Apt. #, etc. 330	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33126		Zip 33126	
Country USA		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 LOPEZ, LAZARO J 2470 NW 102 PLACE 107-C DORAL, FL 33172		7. Name and Address of New Registered Agent 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  DATE 4-26-07 (NOTE: Registered Agent signature required when reinstating)			
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 D NAME LOPEZ, LAZARO J ESQ STREET ADDRESS 2470 NW 102 PLACE, STE. 107-C CITY- ST- ZIP DORAL, FL 33172		TITLE D NAME LOPEZ, LAZARO J ESQ STREET ADDRESS 7925 NW 12 ST, STE 330 CITY- ST- ZIP DORAL, FL 33126	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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 		DATE 4-26-07 (305) 477-5933	