

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000166322

Entity Name: AMERICAN CARD SYSTEMS, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9858 GLADES ROAD  
SUITE # 196  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

9858 GLADES ROAD  
SUITE # 196  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number: 84-1701740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMILLE A. COOLIDGE, P.A.  
401 EAST LAS OLAS BLVD.  
SUITE 1400  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SOLOMITA, ANTHONY  
Address: 14101 SUMMERCREEK WAY  
City-St-Zip: CHESTERFIELD, VA 23832

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY SOLOMITA

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date