

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90173 031 ***150.00

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1. Entity Name

VIRTUAL SWIPE, INC.



Principal Place of Business

5100 N. FEDERAL HWY.
SUITE 402
FORT LAUDERDALE FL 33308

Mailing Address

5100 N. FEDERAL HWY.
SUITE 402
FORT LAUDERDALE FL 33308



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

20-4815849

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

BENHAM, THOMAS R JR.
5100 N. FEDERAL HWY
SUITE 402
FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

THOMAS R. BENHAM, JR

3/22/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BENHAM, THOMAS R JR.
STREET ADDRESS 5100 N. FEDERAL HWY., SUITE 402
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VP ☐ Delete
NAME DICKSTEIN, FRED
STREET ADDRESS 5100 N. FEDERAL HWY., SUITE 402
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE S ☒ Delete
NAME ENRIGHT, JOHN
STREET ADDRESS 5100 N. FEDERAL HWY., SUITE 402
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE T ☐ Delete
NAME CROWELL, RICHARD
STREET ADDRESS 5100 N. FEDERAL HWY., SUITE 402
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME BENHAM, THOMAS R SR.
STREET ADDRESS 5100 N. FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS R. BENHAM, JR

Date

3/27/07

Daytime Phone #

561 922 3088