

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90237 039 ***150.00

DOCUMENT # P93000047713		
1. Entity Name ADVANCED CREDIT CONTROL, INC.		

Principal Place of Business 3918 A POINCIANA STE 7 LAKE WORTH, FL 33467 US	Mailing Address 3918 A POINCIANA STE 7 LAKE WORTH, FL 33467 US
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2. Principal Place of Business 3918 VIA POINCIANA	3. Mailing Address 3918 VIA POINCIANA
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



04212004 Chg-P CR2E034 (10/03)

4. FEI Number 14-1741667	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PADRON, STEVEN 3918 VIA POINCIANA STE 7 LAKE WORTH, FL 33467	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

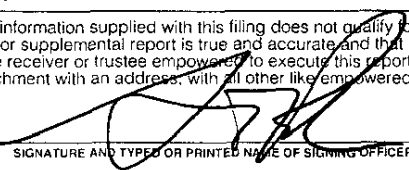
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS PADRON, STEVEN 3918 VIA POINCIANA STE 7 LAKE WORTH, FL 33467 ☐ 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
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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 exemption stated in Section 119.07(3)(i), 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: 4/21/04 DAYTIME PHONE: 561-965-0600