

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90073 014 \*\*\*150.00

DOCUMENT # P94000012992

1. Entity Name  
CREDITAMERICA VENTURE CAPITAL, INC.



Principal Place of Business  
C/O DOUGLAS BAENA  
3 APPLE ORCHARD LANE  
BEDFORD, NY 10506 US

Mailing Address  
C/O DOUGLAS BAENA  
3 APPLE ORCHARD LANE  
BEDFORD, NY 10506 US

64000537



2. Principal Place of Business  
C/O Douglas Baena  
Suite, Apt. #, etc.  
33 TWIN LANE N.  
City & State  
WANTAGH, NY  
Zip  
11793 Country  
USA

3. Mailing Address  
C/O Douglas Baena  
Suite, Apt. #, etc.  
33 TWIN LANE N.  
City & State  
WANTAGH, NY  
Zip  
11793 Country  
USA

01122004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0467686 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BAENA, SCOTT L  
200 SOUTH BISCAYNE BLVD.  
25TH FLOOR  
MIAMI, FL 33131

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BAENA, DOUGLAS W	
STREET ADDRESS	7308 PINE FOREST CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAVOR, PAUL	
STREET ADDRESS	444 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 CHARLOTTE AVE	
CITY-ST-ZIP	KICKSVILLE, NY 11801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS W. BAENA

Date

Daytime Phone #

1/12/04 917 952 5374