

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90111 002 ***150.00

DOCUMENT # P94000087748



1. Entity Name

P.O.S. INTERNATIONAL, INC.

Principal Place of Business

2500 N FEDERAL HWY
STE 103
FORT LAUDERDALE FL 33305

Mailing Address

2500 N FEDERAL HWY
STE 103
FORT LAUDERDALE FL 33305

2. Principal Place of Business

3558 NE 12th Ave.

Suite, Apt. #, etc.

3. Mailing Address

3558 N.E. 12th Ave.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Oakland Park, FL

Zip

33334

Country

City & State

Oakland Park, FL

Zip

33334

Country

4. FEI Number

65-0536232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, MICHAEL
2500 N FEDERAL HWY
SUITE 103
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

Michael Turner

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

3558 N.E. 12th Ave.

Oakland Park

City

FL

Zip Code

33334

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

3/14/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PD ☐ Delete
NAME TURNER, MICHAEL
STREET ADDRESS 2500 N FEDERAL HWY STE 103
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE VD ☐ Delete
NAME FITZGERALD, THOMAS
STREET ADDRESS 2500 N FEDERAL HWY STE 103
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

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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 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

Date

Daytime Phone #

3/14/05 954-588-2533