2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2004 8:00 am DOCUMENT # P96000100689 **Secretary of State** 1. Entity Name 03-03-2004 90017 029 ***150.00 ACI COLLECTIONS, INC. Principal Place of Business Mailing Address 1415 E. SUNRISE BLVD., SUITE 404 1415 E. SUNRISE BLVD., SUITE 404 FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 2. Principal Place of Business T9515W6th5+ 3. Mailing Address 640 54 Suite, Apt. #, etc. Suite, Apt. #, etc. 02162004 Chg-P CR2E034 (10/03) 116 4. FEI Number City & State Applied For 65-0718853 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIMMAN, SANFORD E <u>EIN-MAN</u> DANFORD 1415 E. SUNRISE BLVD., SUITE 404 FT. LAUDERDALE, FL 33304 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 ac SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITI E D Change ☐ Addition Zagarinsky, Jonas 79 51 SW 646 St Ste 116 NAME ZAGARINSKY, JONAS NAME STREET ADDRESS 1415 E. SUNRISE BLVD., SUITE 404 STREET ADDRESS CITY-ST-ZIP Plantation F1 FT. LAUDERDALE, FL 33304 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ZAGARINSKY, LYNN Zagarinsky, Lynn 7931 SW 64654 Ste 116 NAME STREET ADDRESS 1415 E. SUNRISE BLVD., SUITE 404 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33304 Plantation &1 33324 CITY-ST-ZIP TITLE . ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue 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 exceed 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04 9544749220

FILED