

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000100689

1. Entity Name
ACI COLLECTIONS, INC.



Principal Place of Business
**7951 SW 6TH ST
SUITE 116
PLANTATION, FL 33324**

Mailing Address
**7951 SW 6TH ST
SUITE 116
PLANTATION, FL 33324**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0718853

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZINMAN, SANFORD E
7951 SW 6TH ST SUITE 116
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

1/12/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000605704
01/30/07-80046-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZAGARINSKY, JONAS
STREET ADDRESS	7951 SW 6TH ST STE 116
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	ZAGARINSKY, LYNN
STREET ADDRESS	7951 SW 6TH ST STE 116
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Jonas Zagarsky 1/12/07

Date

914 273 9003

Daytime Phone #