


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000036487
 1. Entity Name
 INNER CITY CREDIT SERVICES, INC.



Principal Place of Business Mailing Address
 3600 SOUTH STATE ROAD #7 PO BOX 69-3574
 SUITE #12 MIAMI, FL 33269 US
 MIRAMAR, FL 33023



DO NOT WRITE IN THIS SPACE

03262005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0746509** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARKS, MITCHELL S
 701 NW 210 ST #511
 MIAMI, FL 33169

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	MARKS, VIVIEN
STREET ADDRESS	701 N.W. 210 ST., #511
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	PSD
NAME	MITCHELL, MARKS
STREET ADDRESS	701 NW 210 ST #511
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/02/05-80005-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Mitchell Marks Mitchell S Marks 3/26/05 3056513923
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Use Daytime Phone #