



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90308 006 \*\*\*150.00

<b>DOCUMENT # P97000052934</b> 1. Entity Name <b>FIRST PROCESSING SYSTEMS, INC.</b>					
Principal Place of Business 1001 N. FED. HWY. SUITE 312 HALLANDALE, FL 33009			Mailing Address 1001 N. FED. HWY. SUITE 312 HALLANDALE, FL 33009		
2. Principal Place of Business <i>6001 N.W. 153 ST.</i>		3. Mailing Address <i>6001 N.W. 153 ST.</i>			
Suite, Apt. #, etc. <i>Suite 158</i>		Suite, Apt. #, etc. <i>Suite 158</i>		04242004 Chg-P CR2E034 (10/03)	
City & State <i>Miami Lakes</i>		City & State <i>Miami Lakes</i>		4. FEI Number 65-0761288	
Zip <i>33014</i>		Country <i>Florida</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCKINLEY, THOMAS 9356 S.W. 77TH AVENUE STE G5 MIAMI, FL 33156				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>6001 NW 153 ST #158</i> City <i>Miami Lakes</i> FL Zip Code <i>33014</i>	
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: <i>Thomas McKinley</i> <span style="float: right;">DATE: <i>4/24/04</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKINLEY, THOMAS 9356 S.W. 77TH AVENUE MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINLEY, ROSA MARIA 9356 S.W. 77TH AVENUE APT. J5 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Thomas McKinley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>4/24/04</i> 305 8237411 <small>Date Daytime Phone #</small>		