## 2005 FOR PROFIT CORPORATION

## **FILED** Apr 13, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Fee Required

Applied For Not Applicable

ANNOAL KLI OKI							
DOCUMENT # P97000052934  1. Entity Name FIRST PROCESSING SYSTEMS, INC,							
Mailing Address 6001 NW 153 ST SUITE 158 MIAMI LAKES, FL 33014							
	Mailing Address 6001 NW 153 ST SUITE 158						

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	IVOI	AALIILEIIA	I MIS SPACE	4. FE! Number			Applied F
				65-0761288		$\Box$	Not Appli
			A STATE OF THE STA	5. Certificate of Status Desired	1, , *	8.75	Additional

6. Name and Address of Current Registered Agent

MCKINLEY, THOMAS 6001 NW 153 ST #158 MIAMI LAKES, FL 33014

## DO NOT WRITE IN THIS SPACE

No Chg-P

03262005

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 Fiorida. 1 am famillar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typod or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	cing \$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP MCKINLEY, THOMAS 9356 S.W. 77TH AVENUE MIAMI, FL 33156	CTORS #		tionnonnat 450		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINLEY, ROSA MARIA 9356 S.W. 77TH AVENUE APT. J5 MIAMI, FL 33156	: :		000000301452 04/13/05-80032-020 150.00		
NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				and the second s		
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indicated	i an this ropart ar supplemental repart is true r	and acciliate and that my signal	nption stated in Section 119.07(3)	(I), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if		

SIGNING OFFICER OR DIRECTOR