

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90036 008 \*\*\*150.00

**DOCUMENT # P97000060481**  
 1. Entity Name  
**FRANCHISE SERVICES OF FLORIDA, INC.**

Principal Place of Business      Mailing Address  
 4801 SOUTH UNIVERSITY DR      4801 SOUTH UNIVERSITY DR  
 SUITE 3090                              SUITE 3090  
 DAVIE FL 33328                        DAVIE FL 33328



Principal Place of Business      Mailing Address  
 1776 N. Pine Island Rd.              1776 N. Pine Island Rd.  
 Suite 216                                  Suite 216  
 Plantation, FL 33322                Plantation, FL 33322

01182008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 65-0768963      Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, MIGUEL J 4801 S. UNIVERSITY DRIVE STE 3090 DAVIE, FL 33328	ACCUPAY SERVICES CORP. 1776 N. Pine Island Rd. Suite 216 Plantation, FL 33322

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]*      DATE: 3-17-08

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$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	DPTS RODRIGUEZ, MIGUEL J 4801 S UNIVERSITY DR STE 3090 DAVIE, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS RODRIGUEZ, MIGUEL J 1776 N Pine Island Rd. # 216 Plantation, FL 33322
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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]*      DATE: 3-17-08