2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2007 08:00 AM **DOCUMENT # P97000066185 Secretary of State** FIRST CITY CURRENCY AND COLLECTABLES, INC. Principal Place of Business Mailing Address P.O. DRAWER 1029 133 IASMINE RD ST. AUGUSTINE, FL. 32086 ST. AUGUSTINE, FL. 32085 and the state of the appropriate and the state of the sta المختل والمرابعة المنظمة والمنطوع المتناس المناطعين المتناطع المنطقة المنظمة المنظمة المنطوع ا man to the first the second of CR2E034 (11/05) 03042007 No Chg-P 4. FEI Number Applied For 59-3440136 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent يرسوان وهيرفير أداء يجهدك فتراء كبرات وكرجواء فلانتال والمتلايات ويهطعه فع بهام بالمعصص مواكم المنهاتين AZPIAZU, ROBERTO JR DO NOT WRITE 133 JASMINE RD ST. AUGUSTINE, FL 32086 IN THIS SPACE grante to make the 6. The above rained entity submits this statement for the pulpose 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Added to Fees Trust Fund Contribution,. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITI F NAME AZPIAZU, ROBERTO JR. The control of the co STREET ADDRESS 133 JASMINE ROAD CITY ST-7IP ST. AUGUSTINE, FL 32086 and in the contract of the property of the property of the contract of the con and the state of t TITLE ye ki wasan kibulukun mpandilabah ikishikewa kishikeman bananian iki ji wapani moji isasi wan STREET ADDRESS CITY-ST-ZIP caryonamica esa caractar esa fallo 0000667523 com mener DD F DO NOT WRITE STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS my right from inners, it for a graphic in the interest of the interest of the contract of the contract of the in-CITY-ST-ZIP TITLE rational distribution or otherwise in algebra problem and the state of back that it from the problem in the co NAME and the first of the last of the first of the second will be the second of the second STREET ADDRESS CITY-ST-ZIP का अर्थक राज्य के सम्बद्ध कर राज्य । अर्थक प्रमुख प्रमुख कर होते । अन्य प्रमुख प्रमुख राज्य राज्य का स्वाप कर the same of the TITLE NAME कुन्य पर्य अनुरक्षको राज्य प्रदास्थान्त्रीय व्यापन केनाया कर्षण्यात वर्षण्या अन्तिपत्र की मुख्यानकार अस्परिकार STREET ADDRESS ราช 115 เมษายน เมษา และ 6 วิ.มีใหม่และ เมื่อ 2 เมษายน เห็น 10<u>2 กฤษ</u> นายสูกร CITY-SI-ZIP 12. I hereby certify that the information supplied with this filling 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 the corporation of the corporation. 904-794-078 SIGNATURE: ED NAME OF SIGNING OFFICER OR DIRECTOR