

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 003 ***150.00

DOCUMENT # P99000019390

1. Entity Name
E-Z PAYDAY INC.



Principal Place of Business
1002 20TH PLACE
VERO BEACH, FL 32960 US

Mailing Address
1002 20TH PLACE
VERO BEACH, FL 32960 US

401000000



DO NOT WRITE IN THIS SPACE

04122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3563635

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIAMBONA, DOMINIC
249 BARBADOS DRIVE
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POSAVEC, MIROSLAV
STREET ADDRESS	PO BOX 2943
CITY-ST-ZIP	VERO BEACH, FL 32961 <i>PRESIDENT</i>
TITLE	D
NAME	GIAMBONA, DOMINIC
STREET ADDRESS	249 BARBADOS DRIVE
CITY-ST-ZIP	JUPITER, FL 33458 <i>VICE PRESIDENT</i>
TITLE	<i>POSAVEC, MIROSLAV</i>
NAME	<i>P.O. BOX 2943</i>
STREET ADDRESS	<i>VERO BEACH FL</i> <i>SECRETARY</i>
CITY-ST-ZIP	<i>GIAMBONA, DOMINIC</i>
NAME	<i>249 BARBADOS DR</i>
STREET ADDRESS	<i>JUPITER, FL 33458</i> <i>TREASURER</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/24/07

670-8688

DATE

Daytime Phone #