

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 008 ***150.00

DOCUMENT # P99000071494

1. Entity Name
WASHINGTON DEBT CONSOLIDATION, INC.



Principal Place of Business
**2400 W CYPRES CREEK
202
FORT LAUDERDALE, FL 33309**

Mailing Address
**2400 W CYPRES CREEK
202
FORT LAUDERDALE, FL 33309**

2. Principal Place of Business - No P.O. Box #
6521 s.w. 5th Street

3. Mailing Address
P. O. Box 770755

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-P CR2E034 (12/06)

City & State
Pembrokepines

City & State
Coral Springs, Fl.

4. FEI Number
65-0949882

Applied For
Not Applicable

Zip
33023

Country
Broward

Zip
33077

Country
Broward

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

6. Name and Address of Current Registered Agent

**CHANG, ANTHONY M. C.
2400 W. CYPRESS ROAD
#202
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
Chang, Anthony M. C.

Street Address (P.O. Box Number is Not Acceptable)

11133 N.W. 2nd Ct

City **Coral Springs, F** **FL** Zip Code **33071**

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)

4/24/08

DATE

**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

TITLE **D** ☐ Delete
NAME **CHANG, ANTHONY M. C.**
STREET ADDRESS **11133 NW 2ND COURT**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **DT** ☒ Delete
NAME **CHANG, THERESA C**
STREET ADDRESS **11133 NW 2ND COURT**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Anthony Chang **4/24/08** **954-267-9150**

Date

Daytime Phone #