2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000097237

1. Entity Name

AFFÓRDABLE DEBT SOLUTIONS, INC.



FILED
Mar 26, 2004 08:00 AM
Secretary of State

Principal Place of Business

3033 MARBELLA COURT WEST PALM BEACH, FL 33409 Mailing Address

3033 MARBELLA COURT WEST PALM BEACH, FL 33409



03232004

No Chg-P

CR2E034 (10/03)

4. FEI Number 52-2217583

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOKINOS, CHARLES S 3033 MARBELLA COURT WEST PALM BEACH, FL 33409

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WES! PALIN BEACH, FL 33409			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pilons of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
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, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🛘	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CSTY-ST-ZIP	DPS KOKINOS, CHARLES S 3033 MARBELLA COURT WEST PALM BEACH, FL 33409	ż			U00000096955 03/26/04-80019-013 150.00
TITLE WAME STREET ADDRESS CITY-ST-ZIP					
name Street address Gity-St-Zip				DO	NOT WRITE
THTLE NAME STREET AODRESS CHY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					••

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

IIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES KOKINUS

3/13/64

Daysime Phone #