


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90063 020 ***150.00

DOCUMENT # P99000097249	
1. Entity Name ABLE DEBT CONSOLIDATORS, INC.	

Principal Place of Business 22329 RUSHMORE PLACE BOCA RATON, FL 33428	Mailing Address 22329 RUSHMORE PLACE BOCA RATON, FL 33428
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24026076



2. Principal Place of Business 1013 GREEN PINE BLVD	3. Mailing Address 1013 GREEN PINE BLVD
Suite, Apt. #, etc. G-2	Suite, Apt. #, etc. G-2

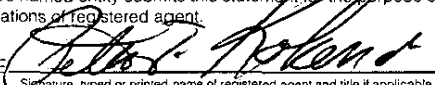
03182004 Chg-P CR2E034 (10/03)

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33409	Country USA
Zip 33409	Country USA

4. FEI Number 52-2217585	Applied For <input type="checkbox"/> Not Applicable
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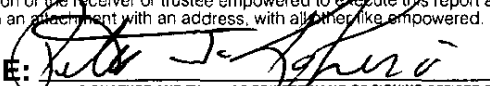
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOKINOS, PETER 22329 RUSHMORE PLACE BOCA RATON, FL 33428	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1013 GREEN PINE BLVD # G-2 City WEST PALM BEACH FL Zip Code 33409	

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 	PETER KOKINOS 3/18/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KOKINOS, PETER 22329 RUSHMORE PLACE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1013 GREEN PINE BLVD #G-2 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	PETER J KOKINOS 3/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #