2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# V34818

Entity Name: ACCOUNTS RECEIVABLE PROFESSIONALS OF FLORIDA, INC.

Current Principal Place of Business:

2499 GLADES ROAD
STE 101
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

9725 NAPOLI WOODS LN
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 65-0339863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEVEN, GARELLEK
700 S FEDERAL HWY
SUITE 200
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MALHOTRA, THRITY
Address: 9725 NAPOLI WOODS LN
City-St-Zip: DELRAY BEACH, FL 33446

Title: STD ( ) Delete
Name: MALHOTRA, SURINDAR
Address: 9725 NAPOLI WOODS LN
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPD ( ) Delete
Name: MALHOTRA, CYRUS
Address: 9725 NAPOLI WOODS LN
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THRITY MALHOTRA PD 05/01/2005

Electronic Signature of Signing Officer or Director Date