

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44336

FILED
Jun 23, 2009
Secretary of State

Entity Name: CONSUMER ASSET PROTECTORS, INC.

Current Principal Place of Business:

5001 SO. UNIVERSITY BLVD.
SUITE H
DAVIE, FL 33328 US

New Principal Place of Business:

5001 SO. UNIVERSITY DRIVE
SUITE H
DAVIE, FL 33328 US

Current Mailing Address:

5001 SO. UNIVERSITY BLVD.
SUITE H
DAVIE, FL 33328 US

New Mailing Address:

5001 SO. UNIVERSITY DRIVE
SUITE H
DAVIE, FL 33328 US

FEI Number: 65-0340500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREGSTEIN, BREGETTI, LIONEL
5001 S UNIVERSITY DR STE H
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

CONSUMER ASSET PROTECTORS INC
5001 S UNIVERSITY DR STE H
DAVIE, FL 33328 US

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: CONSUMER ASSET PROTECTORS INC

06/23/2009

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: P () Delete
Name: BREGSTEIN BREGETTI, LIONEL
Address: 5001 S. UNIVERSITY DR., STE. H
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BREGETTI, LIONEL
Address: 5001 S. UNIVERSITY DR., STE. H
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LIONEL BREGETTI

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date