

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049664

FILED
Apr 27, 2007
Secretary of State

Entity Name: UNIVERSAL PAYMENT SYSTEMS, L.L.C.

Current Principal Place of Business:

12951 S.W. 80 STREET
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

12951 S.W. 80 STREET
MIAMI, FL 33183

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTAMIRANO, ARTURO
12951 S.W. 80 STREET
MIAMI, FL 33183 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TORRESVALLE ECHEVERR, JESUS
Address: 12951 S.W. 80 STREET
City-St-Zip: MIAMI, FL 33183

Title: MGRM () Delete
Name: ALTAMIRANO, ROSARIO
Address: 12951 S.W. 80 STREET
City-St-Zip: MIAMI, FL 33183

Title: MGRM () Delete
Name: VELAZQUEZ, JUAN
Address: 12951 S.W. 80 STREET
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARTURO ALTAMIRANO

RA

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date