2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2008
Secretary of State

DOCUMENT# P06000031111

Entity Name: CAREPOINTS CARD CORPORATION

Current Principal Place of Business:

3400 SW 27TH AVE #1605
MIAMI, FL 33133 US

New Principal Place of Business:

1395 BRICKELL AVENUE,
SUITE 800
MIAMI, FL 33131 US

Current Mailing Address:

3400 SW 27TH AVE #1605
MIAMI, FL 33133 US

New Mailing Address:

1395 BRICKELL AVENUE,
800
MIAMI, FL 33131 US

FEI Number: 02-0799635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESHESIMUA, GODWIN W
3400 SW 27TH AVE #1605
MIAMI, FL 33133 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: C/D ( ) Delete
Name: ESHESIMUA, GODWIN W
Address: 3400 SOUTH WEST 27TH AVENUE, SUITE 1605
City-St-Zip: MIAMI, FL 33131 US

Title: D ( ) Delete
Name: ALAOUI-BELHASSAN, MEHDI HASSAN
Address: 3400 SW 27TH AVE #1605
City-St-Zip: MIAMI, FL 33133 US

Title: D ( ) Delete
Name: ESHESIMUA, GEORGE O
Address: 3400 SW 27TH AVE #1605
City-St-Zip: MIAMI, FL 33133 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ESHESIMUA, GODWIN W
Address: 3400 SOUTH WEST 27TH AVENUE, SUITE 1605
City-St-Zip: MIAMI, FL 33133 US

Title: D (X) Change ( ) Addition
Name: ALAOUI-BELHASSAN, SAMIR Y
Address: 133 N. E 2RD AVENUE
City-St-Zip: MIAMI, FL 33132 US

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

Title: PRES ( ) Change (X) Addition
Name: GARCIA, ROBERT
Address: 1395 BRICKELL AVENUE, SUITE 800
City-St-Zip: MIAMI, FL 33131

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: GODWIN W. ESHESIMUA D 09/14/2008

Electronic Signature of Signing Officer or Director Date