2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2011
Secretary of State

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Entity Name: CAREPOINTS CARD CORPORATION

Current Principal Place of Business:

1111 BRICKELL AVENUE,
SUITE 1100
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1111 BRICKELL AVENUE,
SUITE 1100
MIAMI, FL 33131 US

New Mailing Address:

POST OFFICE BOX 332175
MIAMI, FL 33233 US

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

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

OFFICERS AND DIRECTORS:

Title: D/C
Name: ESHESIMUA, GODWIN W
Address: 3400 SOUTH WEST 27TH AVENUE, SUITE 1605
City-St-Zip: MIAMI, FL 33133 US

Title: D
Name: ALAOUI-BELHASSAN, SAMIR Y
Address: 244 BISCAYNE BLVD, APT, 1209
City-St-Zip: MIAMI, FL 33132 US

Title: PRES
Name: GARCIA, ROBERT
Address: 1111 BRICKELL AVENUE, SUITE 1100
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: GODWIN W. ESHESIMUA CEO 08/19/2011

Electronic Signature of Signing Officer or Director Date