


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90197 050 \*\*\*150.00

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<b>DOCUMENT # P07000108975</b>					
1. Entity Name NOVOPAYMENT INC.					
Principal Place of Business C/O FOWLER RODRIGUEZ 355 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES, FL 33134			Mailing Address C/O FOWLER RODRIGUEZ 355 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>26-1299486</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  REGISTERED AGENT CORPORATION SERVICES, INC. 355 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-NEVETT, OSCAR J AV. ALAMEDA, EDIFICIO VENCZOLANO DE CREDITO URBANIZACION SAN BERNARDINO, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-MENDOZA, OSCAR AV. ALAMEDA, EDIFICIO VENCZOLANO DE CREDITO URBANIZACION SAN BERNARDINO, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, JESUS S AV. ALAMEDA, EDIFICIO VENCZOLANO DE CREDITO URBANIZACION SAN BERNARDINO, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-MORENO, ANABEL AV. ALAMEDA, EDIFICIO VENCZOLANO DE CREDITO URBANIZACION SAN BERNARDINO, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIMON, JORGE N AV. ALAMEDA, EDIFICIO VENCZOLANO DE CREDITO URBANIZACION SAN BERNARDINO, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO, MANUEL AV. ALAMEDA, EDIFICIO VENCZOLANO DE CREDITO URBANIZACION SAN BERNARDINO, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>ANABEL PEREZ-MORENO</u>			Date: <u>4/29/08</u> Daytime Phone #: <u>786 364 8400</u>		