

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000061321

**Entity Name:** HANK PAYMENTS CORP.**Current Principal Place of Business:**1800 PEMBROKE DR., STE. 300  
MAITLAND, FL 32810**Current Mailing Address:**1800 PEMBROKE DR., STE. 300  
MAITLAND, FL 32810 US**FEI Number:** 47-2223289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	EWART, JASON
Address	310 D'ARCY ST.
City-State-Zip:	COBOURG ONTARIO K9A 4A3

Title	PC
Name	HILMER, MICHAEL
Address	15 CORLEY AVE.
City-State-Zip:	TORNOTO ONTARIO M4E 1T8

Title	CFO
Name	KAPOOR, ASHISH
Address	1601 KENMUIR AVE.
City-State-Zip:	MISSISSAUGA ONTARIO L5G 4B6

Title	CEO
Name	HILMER, MICHAEL
Address	15 CORLEY AVE.
City-State-Zip:	TORNOTO ONTARIO M4E 1T8

Title	ST
Name	KAPOOR, ASHISH
Address	1601 KENMUIR AVE.
City-State-Zip:	MISSISSAUGA ONTARIO L5G 4B6

Title	COO
Name	CICOLINI, CHRISTOPHER
Address	6886 WOODRISE RD.
City-State-Zip:	NEW MARKET MD 21774

*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:** EWART , JASON**BY LAURIE CASEY  
ATTORNEY IN FACT****04/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date