

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001283

Entity Name: EZMONEY.COM CORP.

FILED
Mar 29, 2004
Secretary of State

Current Principal Place of Business:

6917-23 5TH AVE.
BROOKLYN, NY 11209

New Principal Place of Business:

585 NO. GANNON AVENUE
STATEN ISLAND, NY 10314

Current Mailing Address:

6917-23 5TH AVE.
BROOKLYN, NY 11209

New Mailing Address:

585 NO. GANNON AVENUE
STATEN ISLAND, NY 10314

FEI Number: 11-3498753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVCIES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CARONE, FRANK
Address: 6917-23 5TH AVE.
City-St-Zip: BROOKLYN, NY 11209

Title: V () Delete
Name: AXELROD, JANICE
Address: 6917-23 5TH AVE.
City-St-Zip: BROOKLYN, NY 11209

Title: T () Delete
Name: CARIDI, MICHAEL
Address: 6917-23 5TH AVE.
City-St-Zip: BROOKLYN, NY 11209

Title: VP () Delete
Name: ZIPPILLI, LORRAINE
Address: 6917-23 5TH AVE
City-St-Zip: BROOKLYN, NY 11209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: CARONE, FRANK
Address: 585 NO. GANNON AVENUE
City-St-Zip: STATEN ISLAND, NY 10314

Title: V (X) Change () Addition
Name: AXELROD, JANICE
Address: 14 TOWER PLACE
City-St-Zip: ROSLYN, NY 11516

Title: T (X) Change () Addition
Name: CARIDI, MICHAEL
Address: 585 NO. GANNON AVENUE
City-St-Zip: STATEN ISLAND, NY 10314

Title: VP (X) Change () Addition
Name: ABE, ROZENCWAIG
Address: 585 NO. GANNON AVENUE
City-St-Zip: STATEN ISLAND, NY 10314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JANICE AXELROD

VP

03/29/2004

Electronic Signature of Signing Officer or Director

Date