


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006701	
1. Entity Name NAZPAY, INC.	

Principal Place of Business 60 EAST 42ND STREET, SUITE 902 NEW YORK, NY 10165	Mailing Address 4601 SHERIDAN STREET, SUITE 320 HOLLYWOOD, FL 33021
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03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3548896	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAZAIRE, J. RONALD 4601 SHERIDAN ST., SUITE 320 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE

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 registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP NAZAIRE, J. RONALD 770 ALLWYN STREET BALDWIN HARBOR, NY 11510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC JOSMA, ERLYNE 770 ALLWYN STREET BALDWIN HARBOR, NY 11510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS NAZAIRE, EMMANUEL 5626 HOLLOWBROOK LANE ACWORTH, GA 30101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NAZAIRE, JEAN CLAUDE 2154 KINGS TREE LANE ACWORTH, GA 30101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000345996 04/30/05-80057-025 150.00	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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