## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F07000004368

Entity Name: BB MONEY TRANSFERS, INC.

FILED Oct 29, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

600 FIFTH AVE., THIRD FLOOR NEW YORK, NY 10020

Current Mailing Address: New Mailing Address:

600 FIFTH AVE., THIRD FLOOR NEW YORK, NY 10020

FEI Number: 26-0740080 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BANCO DO BRASIL, S.A. 2 S. BISCAYNE BLVD., STE. 3870 MIAMI, FL 33131 US BANCO DO BRASIL, S.A. 2 S. BISCAYNE BLVD., STE 3870 MIAMI, FL 33131 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: MARIVALDO SOARES 10/29/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CP ( ) Delete
 Title:
 C (X) Change ( ) Addition

 Name:
 MARTINS ALVES, LEANDRO
 Name:
 MARTINS ALVES, LEANDRO

 Address:
 600 FIFTH AVE., THIRD FLOOR
 Address:
 600 FIFTH AVE., THIRD FLOOR

 City-St-Zip:
 NEW YORK, NY 10020
 NEW YORK, NY 10020
 NEW YORK, NY 10020

Title: S ( ) Delete Title: ( ) Change ( ) Addition Name: RAMIRO CAPELA, DOUGLAS Name:

Address: 600 FIFTH AVE., THIRD FLOOR Address: City-St-Zip: NEW YORK, NY 10020 City-St-Zip:

Title: ( ) Delete Title: P ( ) Change (X) Addition

Name: Name: PONTES, CICERO

 Address:
 6000 FIFTH AVE., THIRD FLOOR

 City-St-Zip:
 City-St-Zip:
 NEW YORK, NY 10020

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS J SANDOVAL AC 10/29/2008