

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004368

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: BB MONEY TRANSFERS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 26-0740080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BANCO DO BRASIL, S.A.  
2 S. BISCAYNE BLVD.,  
STE 3870  
MIAMI, FL 33131 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: C ( ) Delete  
Name: MARTINS ALVES, LEANDRO  
Address: 600 FIFTH AVE., THIRD FLOOR  
City-St-Zip: NEW YORK, NY 10020

Title: S ( ) Delete  
Name: RAMIRO CAPELA, DOUGLAS  
Address: 600 FIFTH AVE., THIRD FLOOR  
City-St-Zip: NEW YORK, NY 10020

Title: P ( ) Delete  
Name: PONTES, CICERO  
Address: 6000 FIFTH AVE., THIRD FLOOR  
City-St-Zip: NEW YORK, NY 10020

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RAMIRO CAPELA, DOUGLAS  
Address: 600 FIFTH AVE., THIRD FLOOR  
City-St-Zip: NEW YORK, NY 10020

Title: P (X) Change ( ) Addition  
Name: PONTES, CICERO  
Address: 600 FIFTH AVE., THIRD FLOOR  
City-St-Zip: NEW YORK, NY 10020

Title: BSA ( ) Change (X) Addition  
Name: CULLEN, MARTIN  
Address: 600 FIFTH AVENUE, THIRD FLOOR  
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: MARTIN CULLEN

BSA

04/06/2009

Electronic Signature of Signing Officer or Director

Date