


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90006 031 ***550.00

DOCUMENT # F94000002787

1. Entity Name
PAYWISE, INC.



Principal Place of Business
**175 BROAD HOLLOW RD
 MELVILLE, NY 11747**

Mailing Address
**175 BROAD HOLLOW RD
 MELVILLE, NY 11747**

54060002



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

06302004 Chg-P CR2E034 (10/03)

4. FEI Number
13-3692806

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARRIETTA, JULIO <input checked="" type="checkbox"/> Delete 175 BROAD HOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAVAGNOLO, ROSE <input type="checkbox"/> Delete 310 MADISON AVENUE, SUITE 1925 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASS, BARBARA <input type="checkbox"/> Delete 310 MADISON AVENUE, SUITE 1925 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WASHINGTON, JYRL <input type="checkbox"/> Delete 175 BROAD HOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SMALHEISER, HARVEY <input type="checkbox"/> Delete 175 BROAD HOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Raymond Roe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 175 Broad Hollow Rd Melville NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO D Patrick Lyons <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 175 Broad Hollow Rd Melville NY 11747

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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: Harvey Smalheiser 7/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #