


FILED
Aug 18, 2005 8:00 am
Secretary of State

50062187

DOCUMENT # F99000004056				Secretary of State	
1. Entity Name INGENICO (LATIN AMERICA) INC.				08-18-2005 90001 015 ***150.00	
Principal Place of Business 9155 S. DADELAND BLVD., STE. 1408 MIAMI, FL 33156		Mailing Address 9155 S. DADELAND BLVD., STE. 1408 MIAMI, FL 33156			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent URBAN, WILLIAM 200 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name URBAN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., SUITE 830 City MIAMI FL Zip Code 33131			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP COMPAIN, GERARD 2655 LEJEUNE RD. SUITE 541 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP COMPAIN, GERARD 9155 S. DADELAND BLVD. SUITE 1408 MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMSON, L. BARRY 2655 LEJEUNE ROAD PH 1G CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMSON, L. BARRY 9155 S. DADELAND BLVD. SUITE 1408 MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FILIPPINI, JEAN-LOUIS 2655 LEJEUNE RD. SUITE 541 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FILIPPINI, JEAN-LOUIS 9155 S. DADELAND BLVD. SUITE 1408 MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAIMONDI, HILARIO 2655 LEJEUNE RD. SUITE 541 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAIMONDI, HILARIO 9155 S. DADELAND BLVD. SUITE 1408 MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 # _____					



CBIZ McClain
Accounting, Tax & Advisory, LLC

ATTACHMENT
#F99000004026
50062187

July 28, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Ingenico Latin America, Inc.
FYE #91-1780883
2005 Annual Report

Gentlemen:

Enclosed is the 2005 annual report for Ingenico Latin America, Inc. The taxpayer did not receive their renewal notice. Accordingly, we hereby request that you accept the enclosed as timely filed.

Very truly yours,

William G. Urban II

WU/rt

T:\bill urban\7351\ annual report cover ltr.doc



**CBIZ McClain
Accounting, Tax & Advisory, LLC**

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Nationwide

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ATTACHMENT

#F99000004056
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INGENICO (LATIN AMERICA), INC.
9155 SOUTH DADELAND BLVD., SUITE 1408
MIAMI, FL 33156

Enclosed is your Annual Report, for 2005.

The report is to be signed and dated by:

<u> </u> the taxpayer(s)	<u> </u> the personal representative
<u> </u> A partner in the partnership	<u> </u> the trustee
<u> X </u> an officer in the corporation	<u> </u>

The report is due by September 7, 2005, and should be mailed to:

<u> </u> Internal Revenue Service Center Atlanta, GA 39901	<u> </u> Internal Revenue Service Center Philadelphia, PA 19255
<u> </u> Florida Department of Revenue 5050 W. Tennessee St. Tallahassee, FL 32399-0140	<u> </u> Internal Revenue Service P.O. Box 105900 Atlanta, GA 30348-5900
<u> </u> Department of Labor and Employment Security Division of Unemployment Compensation Bureau of Tax Tallahassee, FL 32399-0212	<u> </u> Dade County Property Appraiser Metro Dade Center 111 N.W. 1 st Street, Suite 710 Miami, FL 33128-1984
<u> </u> Social Security Administration Data Operations Center 1150 E. Mountain Dr. Wilkes-Barre, PA 18769-0001	<u> X </u> Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

A check for \$ 150.00, payable to Florida Department of State
 X Should be attached to the report
 Should be sent to your bank, along with coupon from the Federal Tax
Deposit Coupon Book. You should mark box under "Type of Tax."

CBIZ McClain Accounting, Tax & Advisory, LLC

by William Urban
William Urban