2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 2

Secretary of State DOCUMENT # K68227 02-10-2005 90040 024 ***150.00 1. Entity Name COMPUPAY OF FLORIDA, INC. Principal Place of Business Mailing Address 8300 NW 53RD STREET 8300 NW 53RD STREET #401 #401 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2935982 Not Applicable Zip Country Zip Country \$8.75 Additional. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees Vite Section OFFICERS AND DIRECTORS (والمالية المالية ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 देशों एवं क्षांक्ष्म्य <u>ग</u> Delete . NAME A. ... NAME BREAM, GLEN STREET ADDRESS 8300 N.W. 53RD STREET #101 STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition HEINZMANN, THOMAS NAME NAME 8300 N.W. 53RD STREET #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-2IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE TITLE ☐ Change、 .. ☐ Addition Delete_. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP * 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 signalure 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.

FILED Feb 10, 2005 8:00 am

305-477-1700