2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114843

Name:

Address:

City-St-Zip:

9594 NW 41 STREET

MIAMI, FL 331778 US

Entity Name: INGENICARD PERU, LLC

FILED Sep 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9594 NW 41 STREET SUITE 211 MIAMI,, FL 33178 **New Mailing Address: Current Mailing Address:** 9594 NW 41 STREET SUITE 211 MIAMI, FL 33178 FEI Number: 26-3885129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALMAÑA, JUAN 9594 NW 41 STREET SUITE 211 MIAMI, FL 33178 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete DIECI, MARCO Name: Name: Address: 9594 NW 41 STREET Address: City-St-Zip: MIAMI, FL 33178 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HODGES, STEVE Name: Address: 9594 NW 41 STREET Address: City-St-Zip: MIAMI, FL 33178 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition RODRIGUEZ, JUAN P Name: Name: Address: 9594 NW 41 STREET Address: City-St-Zip: MIAMI, FL 33178 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition VALMAÑA, JUAN

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: JUAN RODRIGUEZ 09/15/2009