2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# P02000024445

Entity Name: MONEYEXPRESS FINANCIAL CORP.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD., SUITE 111
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2100 PONCE DE LEON BLVD., SUITE 111
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 01-0617677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOURA, IVONEA
1541 BRICKELL AVENUE, APT 1401
MIAMI, FL 33129 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: PD ( ) Delete
Name: DE MOURA, DELMO
Address: 1541 BRICKELL AVE., APT 1401
City-St-Zip: MIAMI, FL 33129

Title: ST ( ) Delete
Name: MOURA, IVONEA
Address: 1541 BRICKELL AVE., APT. 1401
City-St-Zip: MIAMI, FL 33129

Title: CO (X) Delete
Name: REVILLA, FABRICIA
Address: 2100 PONCE DE LEON BLVD., STE 111
City-St-Zip: CORAL GABLES, FL 33134

Title: CCO ( ) Delete
Name: DELZOPPO, LORENZO
Address: 2100 PONCE DE LEON BLVD., SUITE 111
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DE MOURA, DELMO
Address: 1541 BRICKELL AVE., APT 1401
City-St-Zip: MIAMI, FL 33129

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: IVONEA MOURA ST 03/06/2006

Electronic Signature of Signing Officer or Director Date