## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000024445

City-St-Zip:

CFO

Title:

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33136

PERDOME, JOSE

MIAMI, FL 33015

(X) Delete

18942 NW 86TH COURT # 4107

FILED May 20, 2008 Secretary of State

Entity Name: MONEYEXPRESS FINANCIAL CORP. **Current Principal Place of Business: New Principal Place of Business:** BANK OF AMERICA TOWER - 100 SE 2ND STREET SUITE 155 MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** BANK OF AMERICA TOWER - 100 SE 2ND STREET SUITE 155 MIAMI, FL 33131 FEI Number: 01-0617677 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREITAS, RONALDO A 6422 COLLINS AVENUE 1702 MIAMI BEACH, FL 33141 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FREITAS, RONALDO A Name: Name: 6422 COLLINS AVENUE # 1702 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: Title: VΡ Title: COO () Delete (X) Change ( ) Addition MARINHO, PATRICIA Name: BARBOZA, ROBES Name: 5313 EAGLE CAY 5130 DONATELLO AVENUE Address: Address: COCONUT GREEK, FL 33073 CORAL GABLES, FL 33136 City-St-Zip: City-St-Zip: (X) Change ( ) Addition Title: CCO () Delete Title: CFO MARINHO, PATRICIA PERDOME, JOSE Name: Name: 5130 DONATELLO AVENUE 18942 NW 86TH COURT #4107 Address: Address:

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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33015

() Change () Addition

VΡ SIGNATURE: PATRICIA MARINHO 05/20/2008