2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P02000032994

Entity Name: OPEN CARD, CORP.

Current Principal Place of Business:

1000 5TH STREET
SUITE 302
MIAMI BEACH, FL 33139

New Principal Place of Business:

1700 MERIDIAN AVE.
410
MIAMI BEACH, FL 33139

Current Mailing Address:

1000 5TH STREET
SUITE 302
MIAMI BEACH, FL 33139

New Mailing Address:

1700 MERIDIAN AVE.
410
MIAMI BEACH, FL 33139

FEI Number: 04-3717588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, MARCELA MS.
1000 5TH STREET
SUITE 302
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GARCIA, MARCELA MS.
1700 MERIDIAN AVE.
410
MIAMI BEACH, FL 33139 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: MARCELA GARCIA 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GARCIA, MARCELA MS.
Address: 1000 5TH STREET, SUITE 302
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVS ( ) Delete
Name: GARCIA, CARLOS M MR.
Address: 1000 5TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GARCIA, MARCELA MS.
Address: 1700 MERIDIAN AVE. # 410
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVS (X) Change ( ) Addition
Name: GARCIA, CARLOS M MR.
Address: 1700 MERIDIAN AVE. #410
City-St-Zip: MIAMI BEACH, FL 33139

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.

SIGNATURE: MARCELA GARCIA DP 04/15/2009
Electronic Signature of Signing Officer or Director Date