

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125704

FILED
Apr 30, 2004
Secretary of State

Entity Name: AMERICA ONE PAYMENT SYSTEMS OF FLORIDA,INC.

Current Principal Place of Business:

4014 CHASE AVENUE
SUITE # 210
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

524 ARTHUR GODFREY ROAD
SUITE # 300
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4014 CHASE AVENUE
SUITE # 210
MIAMI BEACH, FL 33140 US

New Mailing Address:

524 ARTHUR GODFREY ROAD
SUITE # 300
MIAMI BEACH, FL 33140 US

FEI Number: 16-1641724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKA, SANDY
4014 CHASE AVENUE
SUITE # 210
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

SAKA, SANDY
524 ARTHUR GODFREY ROAD
SUITE # 300
MIAMI BEACH, FL 33140 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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAKA, SANDY
Address: 2801 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: SANDY SAKA

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date