

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036470

Entity Name: IPREPAY, INC.

FILED
Mar 29, 2005
Secretary of State

Current Principal Place of Business:

1020 NW 163 DRIVE
MIAMI, FL 33169

New Principal Place of Business:

1001 NW 163 DRIVE
MIAMI, FL 33169

Current Mailing Address:

1020 NW 163 DRIVE
MIAMI, FL 33169

New Mailing Address:

1001 NW 163 DRIVE
MIAMI, FL 33169

FEI Number: 20-1298549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAW OFFICE OF ROBERT P. KELLY
2514 HOLLYWOOD BOULEVARD
SUITE 307
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

LAW OFFICE OF PAUL D. TURNER
1020 NW 163 DRIVE
MIAMI, FL 33169 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: PAUL D TURNER

03/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASAD, ISSA
Address: 1020 NW 163 DRIVE
City-St-Zip: MIAMI, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: ASAD, ISSA A
Address: 1001 NW 163 DRIVE
City-St-Zip: MIAMI, FL 33169

Title: PSTD () Change (X) Addition
Name: SZTERN, SEAN
Address: 1001 NW 163 DRIVE
City-St-Zip: MIAMI, FL 33169

Title: D () Change (X) Addition
Name: KIVILCIM, GUVEN A
Address: 1020 NW 163 DRIVE
City-St-Zip: MIAMI, FL 33169

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: ISSA ASAD

V

03/29/2005

Electronic Signature of Signing Officer or Director

Date