

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054623

**FILED
Jun 18, 2004
Secretary of State**

Entity Name: E PAYMENT SOLUTIONS INTERNATIONAL, INC.

Current Principal Place of Business:

C/O MHG SERVICES, INC.
1015 N. AMERICA WAY #110
PORT OF MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

C/O MHG SERVICES, INC.
1015 N. AMERICA WAY #110
PORT OF MIAMI, FL 33132

New Mailing Address:

FEI Number: 38-3682091 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRAZLAVSKY, PHILIP ESQ.
C/O MHG SERVICES, INC.
1015 N. AMERICA WAY #110
PORT OF MIAMI, FL 33132

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUDZINSKI, ANDREW
Address: C/O 1015 N. AMERICA WAY #110
City-St-Zip: PORT OF MIAMI, FL 33132

Title: D () Delete
Name: HULT, PETER
Address: C/O 1015 N. AMERICA WAY #110
City-St-Zip: PORT OF MIAMI, FL 33132

Title: D () Delete
Name: BENAVIDES, STUART
Address: C/O 1015 N. AMERICA WAY #110
City-St-Zip: PORT OF MIAMI, FL 33132

Title: D () Delete
Name: BENAVIDES, PAOLO
Address: C/O 1015 N. AMERICA WAY #110
City-St-Zip: PORT OF MIAMI, FL 33132

Title: D () Delete
Name: ELLENBY, JAY
Address: C/O 1015 N. AMERICA WAY #110
City-St-Zip: PORT OF MIAMI, FL 33132

Title: D () Delete
Name: LACAPRA, JOHN
Address: C/O 1015 N. AMERICA WAY #110
City-St-Zip: PORT OF MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ANDREW DUDZINSKI

D

06/18/2004

Electronic Signature of Signing Officer or Director

_____ Date