

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90215 003 \*\*\*150.00

**DOCUMENT # P04000152054**

1. Entity Name  
**BROADPAY INTERNATIONAL INC.**



Principal Place of Business  
**10155 COLLINS AVENUE  
506  
BAL HARBOUR, FL 33154**

Mailing Address  
**10155 COLLINS AVENUE  
506  
BAL HARBOUR, FL 33154**

**60001474**



01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**4045 SHERIDAN AVE**  
Suite, Apt. #, etc.  
**#225**

3. Mailing Address  
**4045 SHERIDAN AVE**  
Suite, Apt. #, etc.  
**#225**

City & State  
**MIAMI BEACH, FL**  
Zip  
**33140**  
Country  
**USA**

City & State  
**MIAMI BEACH, FL**  
Zip  
**33140**  
Country  
**USA**

4. FEI Number  
**20-2058069**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JOSHUA L. DUBIN, P.A.  
17701 BISCAYNE BLVD., SUITE 201  
AVANTURE, FL 33180**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HAMILTON, PETER  
10155 COLLINS AVENUE #506  
BAL HARBOUR, FL 33154** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PETER HAMILTON  
4045 SHERIDAN AVE #225  
MIAMI BEACH, FL 33140** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **PETER HAMILTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/07** **305 865-0558**  
Date Daytime Phone #