

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082936

Entity Name: INSTA CASH A.T.M., INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

7801 NW 37TH ST.
DORAL, FL 33166503 US

New Principal Place of Business:

Current Mailing Address:

7272 MAURICE DUPLESSIS
202
MONTREAL, QC H1E6Z7 CA

New Mailing Address:

FEI Number: 98-0460640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL H. WOLF & ASSOCIATES LLC
1411 S UNIVERSITY DR
PLANTATION, FL 33324 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPANELLA, SANTO
Address: 9700 DE CLICHY
City-St-Zip: MONTREAL, QC H1C2H5 CA

Title: VP () Delete
Name: PETRILLI, POOLO
Address: 5579 JULES AUCLAIR
City-St-Zip: MONTREAL, QC H1G1S2 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PETRILLI, PAOLO
Address: 5579 JULES AUCLAIR
City-St-Zip: MONTREAL, QC H1G1S2 CA

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: SANTO CAMPANELLA

OFFI

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date