2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150994

Entity Name: GRUPO EASY PAY., INC.

FILED Jul 18, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:		
7975 NW		4610 NW 102ND PL	4610 NW 102ND PL		
SUITE 330) (ES, FL 33016 US	MIAMI, FL 33178	MIAMI, FL 33178 US		
Current Mailing Address:		New Mailing Addres	ss:		
	_	_			
7975 NW 1 SUITE 330			4610 NW 102ND PL MIAMI, FL 33178 US		
MIAMI LAK	(ES, FL 33016	,			
FEI Number:	20-3944225 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of Current Registered Age	nt: Name and Address	of New Registered Agent:		
NEGRON, 4610 NW 1 DORAL, F					
	named entity submits this statement fo e of Florida.	r the purpose of changing its registere	ed office or registered agent, or both		
SIGNATUR	RE:				
	Electronic Signature of Registere	ed Agent	Date		
	ce with s. 607.193(2)(b), F.S., the corporation				
	S AND DIRECTORS:	•	ES TO OFFICERS AND DIRECTO		
Title:	P () Delete	Title:	() Change () Addition		
Name:	NEGRON, NESTOR L	Name:			
Address: Dity-St-Zip:	4610 NW 102ND PL DORAL, FL 33178	Address: City-St-Zip:			
Title	T.S. / \ Doloto	Title	() Change () Addition		
Γitle: Name:	T S () Delete SANTAELLA, CARLOS E	Title: Name:	() Change () Addition		
Address:	7975 NW 154THST., SUITE 330	Address:			
City-St-Zip:	MIAMI LAKES, FL 33016 US	City-St-Zip:			
Title:	D () Delete	Title:	() Change () Addition		
Name:	VALMANA, JUAN G	Name:			
\ddress:	2114 N FLAMINGO RD #218	Address:			
City-St-Zip:	PEMBROKE PINES, FL 33028 US	City-St-Zip:			
Title:	D () Delete	Title:	() Change () Addition		
Name:	ESTEFANO, JOSE R	Name:			
Address: City-St-Zip:	251 SW 47TH AVE MIAMI, FL 33134 US	Address: City-St-Zip:			
J., J. 21p.		οιτ γ οι 21μ.			
Title:	D () Delete	Title:	() Change () Addition		
Name:	TORRES, PEDRO J JR.	Name:			
Address: City-St-Zip:	4370 NW 93RD CT DORAL, FL 33178 US	Address: City-St-Zip:			
Jity-Ot-∠ID:	DONAL, FL 331/0 US	City-St-∠ip.			

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: NEST	OR L NEGRON	D, P	07/18/2008
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