

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014710

FILED
Apr 30, 2009
Secretary of State

Entity Name: TRANS INTERNATIONAL PAYMENT SOLUTIONS CORP.

Current Principal Place of Business:

10650 SW 157 CT.
102
MIAMI, FL 33196

New Principal Place of Business:

10521 SW 158 CT.
SUITE 104
MIAMI, FL 33196

Current Mailing Address:

10650 SW 157 CT.
102
MIAMI, FL 33196

New Mailing Address:

10521 SW 158 CT.
SUITE 104
MIAMI, FL 33196

FEI Number: 26-2034280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBERENA, REINA M
10650 SW 157 CT.
#102
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

BARBERENA, REINA M
10521 SW 158 CT.
SUITE 104
MIAMI, FL 33196 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: REINA BARBERENA

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARBERENA, REINA M
Address: 10650 SW 157 CT. #102
City-St-Zip: MIAMI, FL 33196 US

Title: S () Delete
Name: BARBERENA, REINA M
Address: 10650 SW 157 CT. #102
City-St-Zip: MIAMI, FL 33174

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARBERENA, REINA M
Address: 10521 SW 158 CT., SUITE 104
City-St-Zip: MIAMI, FL 33196 US

Title: S (X) Change () Addition
Name: BARBERENA, REINA M
Address: 10521 SW 158 CT., SUITE 104
City-St-Zip: MIAMI, FL 33174

Title: VP () Change (X) Addition
Name: OBANDO BARBERENA, ROBERTO X
Address: 10521 SW 158 CT., SUITE 104
City-St-Zip: MIAMI, FL 33174

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: REINA BARBERENA

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date