

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025483

FILED
Apr 20, 2009
Secretary of State

Entity Name: PRONTO PAYMENTS, INC.

Current Principal Place of Business:

1111 BRICKELL AVENUE
11TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1111 BRICKELL AVENUE
11TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-2149579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINOTT, SERENA
201 S. BISCAYNE BLVD.
SUITE 2800
MIAMI, FL 33131 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: D () Delete
Name: DANISI, LUCA
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: PIRRO, FABRIZIO
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SHAH, SHAIL
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: PAREDES, ALEJANDRO
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MAIETTO, VALENTINA
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CHIAVARELLI, DIEGO
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

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 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: SHAIL SHAH

Electronic Signature of Signing Officer or Director

DIR

04/20/2009

_____ Date