

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90005 017 \*\*\*550.00

**DOCUMENT # P31443**

1. Entity Name

HYPERCOM LATINO AMERICA, INC.



Principal Place of Business

8880 NW 20TH ST  
#L  
MIAMI FL 33172

Mailing Address

2851 W. KATHLEEN ROAD  
PHOENIX AZ 85053

**54055184**



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-1027703

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete  
NAME ALEXANDER, CHRISTOPHER S  
STREET ADDRESS 2851 W. KATHLEEN DR  
CITY-ST-ZIP PHOENIX AZ 85053

TITLE P ☐ Delete  
NAME CARDENAS, GERMAN  
STREET ADDRESS 2851 W KATHLEEN DR  
CITY-ST-ZIP PHOENIX AZ 85053

TITLE EVPD ☐ Delete  
NAME SMOLAK, JOHN W  
STREET ADDRESS 2851 W KATHLEEN DR  
CITY-ST-ZIP PHOENIX AZ 85053

TITLE VP ☐ Delete  
NAME BLUMENTHAL, GUILHERME  
STREET ADDRESS 2851 W KATHLEEN DR  
CITY-ST-ZIP PHONEIX AZ 85053

TITLE S ☐ Delete  
NAME REICH, DOUGLAS J  
STREET ADDRESS 2851 W KATHLEEN DR  
CITY-ST-ZIP PHOENIX AZ 85053

TITLE T ☐ Delete  
NAME TSUJITA, SCOTT  
STREET ADDRESS 2851 W KATHLEEN DR  
CITY-ST-ZIP PHOENIX AZ 85053

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S-7-04

602-504-5000