2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90024 007 ***150.00

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1. Entity Name
AMERICAN MONEY TRANSFER OF MIAMI, INC.

Principal Place of Business	Mailing Address
1670 NW 36TH STREET MIAMI, FL 33142 US	1670 NW 36TH STREET MIAMI, FL 33142 US

04022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FE Number: 65-0791347 ☐ Applied For ☐ Not Applicable

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
GUZMAN, GEOVANA 140 N.W. 190 STREET MIAMI, FL 33169	Name: Paz, Nohemy Street Address (P.O. Box Number is Not Acceptable): 5331 sw 90 ave. City: Cooper Ciy FL Zip Code: 33328

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUZMAN GEOVANA 140 N.W 190 STREET MIAMI, FL 33169	☐ Delete	P Paz , Nohemy 5331 sw 90 Ave. Cooper Ciy Fl. 33328	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTINEZ, MARIA 16 RENIE LANE BLAUVELT, NY 10913	☐ Delete	VP Guzman, Geovana 140 nw 190 Street, Miami, Fl. 33169	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TEJEDA, YESMIN 198 PARK STREET RIDGEFIELD PARK, NJ 07660	☐ Delete	S Martinez,Maria 16 Renie Lane Blauvelt, N.Y. 10913	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Nohemy Paz Nohemy Paz 4/02/04 954-434-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number