2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

03-27-2003 90093 040 *****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037349

1. Entity Name
EFECTIVO MONEY TRANSFER CORP.

Principal Place of Business	Mailing Address
2040 NE 163 ST. SUITE 307-B N.MIAMI BEACH, FL 33162	2040 NE 163 ST. SUITE 307-B N.MIAMI BEACH, FL 33162

2. Principal Place of Business		3. Mailing Address	
8405 NW 53 ST		8405 NW 53 ST	
Suite, Apt. #, etc. A-112		Suite, Apt. #, etc. A-112	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33166	Country USA	Zip 33166	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0929527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURCIA, ALEJANDRO
2040 NE 163 ST. SUITE 307B
N. MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name MURCIA, ALEJANDRO
Street Address (P.O. Box Number is Not Acceptable) 8405 NW 53 ST. A-112
City MIAMI FLORIDA FL Zip Code 33166

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 ______ 3/24/03.
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, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURCIA, ALEJANDRO 2040 NE 163 ST. SUITE 307B N. MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURCIA, ALEJANDRO 8405 NW 53 ST MIAMI, FLORIDA 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NUNEZ, MONICA 2040 NE 163 ST. SUITE 307B N. MIAMI BEACH, FL 33162	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MALCA, DEBORAH 2040 NE 163 ST. SUITE 307B N. MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MALCA, DEBORAH 8405 NW 53 ST MIAMI, FLORIDA 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: ______ 3/24/03 305.5259826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #