

2006 FOR PROFIT CORPORATION ANNUAL REPORT
2007

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90051 030 ***150.00

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1. Entity Name
 CONTRACT PAYMENTS CORPORATION



Principal Place of Business
 13911 SW 122 AVE
 # 206
 MIAMI, FL 33186-6249

Mailing Address
 13911 SW 122 AVE
 # 206
 MIAMI, FL 33186-6249

40001440



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0928158 Applied For
 Not Applicabl

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

6. Name and Address of Current Registered Agent

ESPINOSA, LEONARDO
 13911 S.W. 122 AVE
 # 206
 MIAMI, FL 33186-6249

**DO NOT WRITE
 IN THIS SPACE**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESPINOSA, LEONARDO 139 S.W. 122 AVE ATP 206 MIAMI, FL 331866249	<i>NOW ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ESPINOSA, LEONARDO 15601 S.W. 137 AVE # 131 MIAMI, FL 331771216	<i>OLD ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Leonardo Espinosa*
 LEONARDO ESPINOSA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-2006
 01-12-2007
 Date

305-234-9710
 Daytime Phone #