


2008 **FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90021 015 \*\*\*150.00

**DOCUMENT # P99000054551**


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
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**DO NOT WRITE IN THIS SPACE**

40000000



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0928158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (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, LONARDO 139 S.W. 122 AVE ATP 206 MIAMI, FL 331866249	<b>NOW ADDRESS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ESPINOSA, LEONARDO 15601 S.W. 137 AVE # 131 MIAMI, FL 331771216	<b>OLD ADDRESS</b>
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 01-09-2006 305-234-9710  
**LEONARDO ESPINOSA** 03-17-2008 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #