

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46171

FILED
Apr 26, 2006
Secretary of State

Entity Name: ASSIST-CARD CORPORATION OF AMERICA

Current Principal Place of Business:

1001 BRICKELL BAY DRIVE
MIAMI, FL 33131 US

New Principal Place of Business:

1001 BRICKELL BAY DRIVE
SUITE 2302
MIAMI, FL 33131 US

Current Mailing Address:

1001 BRICKELL BAY DRIVE
MIAMI, FL 33131 US

New Mailing Address:

1001 BRICKELL BAY DRIVE
SUITE 2302
MIAMI, FL 33131 US

FEI Number: 13-2926290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADREECHE, ATILIO O
1001 BRICKELL BAY DRIVE
SUITE 2302
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CADRECHE, ATILIO O
1001 BRICKELL BAY DRIVE
SUITE 2302
MIAMI, FL 33131 US

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.

SIGNATURE: ATILIO O. CADRECHE

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: ALVAREZ, PABLO
Address: 1001 BRICKELL BAY DR #2032
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CADRECHE, ATILIO OMA, R
Address: 1001 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change () Addition
Name: ALVAREZ, PABLO
Address: 1001 BRICKELL BAY DR #2302
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change () Addition
Name: CADRECHE, ATILIO OMA, R
Address: 1001 BRICKELL BAY DR #2302
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATILIO O. CADRECHE

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date