



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 127096		2. Name of Corporation SOUTH EXCHANGE, INC.			
3. Street Address Principal Business Office 100 NORTH BISCAYNE BOULEVARD, SUITE 102		City MIAMI	State FL	Zip 33133-	
4. Business Phone No.		5. State of Incorporation FLORIDA		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island ELECTRONIC MONEY TRANSFERS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Silvio R. Anspach			Vice President Name Silvio R. Anspach		
Street Address 100 North Biscayne Boulevard, Suite 805			Street Address 100 North Biscayne Boulevard, Suite 805		
City Miami	State FL	Zip 33132	City Miami	State FL	Zip 33132
Secretary Name Silvio R. Anspach			Treasurer Name Silvio R. Anspach		
Street Address 100 North Biscayne Boulevard, Suite 805			Street Address 100 North Biscayne Boulevard, Suite 805		
City Miami	State FL	Zip 33132	City Miami	State FL	Zip 33132
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Silvio R. Anspach			Director Name Jose R. Carvalho		
Street Address 100 North Biscayne Boulevard, Suite 805			Street Address 100 North Biscayne Boulevard, Suite 805		
City Miami	State FL	Zip 33132	City Miami	State FL	Zip 33132
Director Name Nannette Cobb			Director Name		
Street Address 100 North Biscayne Boulevard, Suite 805			Street Address		
City Miami	State FL	Zip 33132	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
10,000 COMM \$0.01 PAR VALUE, 100,000 PREF \$10.00 PAR					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
10,000		Common	\$0.01		
40,000		Preferred	\$10.00		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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127096 FBC 01/19/05 10:03 PM

FILED

File Date MAR 23 2005

Check No. By m61085

By: GM

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
Silvio R. Anspach
Print or Type Name of Officer
President
Title of Officer

Date
3/16/05



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4. Business Phone No.		5. State of Incorporation FLORIDA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island ELECTRONIC MONEY TRANSFERS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Silvio R. Anspach			Vice President Name		
Street Address 100 North Biscayne Boulevard, Suite 805			Street Address 100 North Biscayne Boulevard, Suite 805		
City Miami	State FL	Zip 33132	City Miami	State FL	Zip 33132
Secretary Name Silvio R. Anspach			Treasurer Name Silvio R. Anspach		
Street Address 100 North Biscayne Boulevard, Suite 805			Street Address 100 North Biscayne Boulevard, Suite 805		
City Miami	State FL	Zip 33132	City Miami	State FL	Zip 33132
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Silvio R. Anspach			Director Name		
Street Address 100 North Biscayne Boulevard, Suite 805			Street Address		
City Miami	State FL	Zip 33132	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
10,000 COMM \$0.01 PAR VALUE, 100,000 PREF \$10.00 PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
20,000		Common	\$.01		
40,000		Preferred	\$10.00		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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**127096* 1/31/03 10:12:54 AM*

File Date 2-3-04

Check No. 7155

By AK

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
Silvio R. Anspach
Print or Type Name of Officer
President
Title of Officer

Date
1/30/04



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *127096*	2. Name of Corporation SOUTH EXCHANGE, INC.		
3. Street Address Principal Business Office 100 NORTH BISCAYNE BOULEVARD, SUITE 102	City MIAMI	State FL	Zip 33132
4. Business Phone No.	5. State of Incorporation FLORIDA	6. SIC Code	

7. Brief Description of the Character of Business Conducted in Rhode Island
ELECTRONIC MONEY TRANSFERS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Silvio R. Anspach			Vice President Name Roberta M. Anspach		
Street Address 100 North Biscayne Boulevard, Suite 102			Street Address 100 North Biscayne Boulevard, Suite 102		
City Miami	State FL	Zip 33132	City Miami	State FL	Zip 33132
Secretary Name Silvio R. Anspach			Treasurer Name Silvio R. Anspach		
Street Address 100 North Biscayne Boulevard, Suite 102			Street Address 100 North Biscayne Boulevard, Suite 102		
City Miami	State FL	Zip 33132	City Miami	State FL	Zip 33132

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Silvio R. Anspach			Director Name		
Street Address 100 North Biscayne Boulevard, Suite 102			Street Address		
City Miami	State FL	Zip 33132	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
10,000 COMM \$0.01 PAR VALUE, 100,000 PREF \$10.00 PAR VALUE			10,000	Common	\$.01		
			40,000	Preferred	\$10.00		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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**127096* 1/31/03 10:12:54 AM*

File Date **FILED**

Check No. **FEB 21 2003**

By: **3v GAMA 10128**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
Silvio R. Anspach
Print or Type Name of Officer
President
Title of Officer

Date **2/2/03**