

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087653

FILED
Mar 22, 2006
Secretary of State

Entity Name: PROFESSIONAL PAYMENT SYSTEMS, LLC

Current Principal Place of Business:

C/O RONNY J. HALPERIN, PA
312 SE 17 ST., SECOND FLOOR
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

C/O RONNY J. HALPERIN, PA
312 SE 17 ST., SECOND FLOOR
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-3426468 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RONNY J. HALPERIN, PA
312 SE 17 ST.
SECOND FLOOR
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BREIER, STEVEN
Address: C/O RONNY J. HALPERIN PA, 312 SE 17 ST,
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN BREIER

MGRM

03/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date