2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64798

Name:

Address:

City-St-Zip:

FACTERMAN, BRYAN

7583 OLD THYME CT

PARKLAND, FL 33076

AUTOMATED MERCHANT SERVICES INC

FILED Feb 15, 2005 Secretary of State

Entity Name: AUTOMATED MERCHANT SERVICES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
1999 UNIVERSITY DR. SUITE 210 CORAL SPRINGS, FL 33071 US				00 NORTH MILITARY ⁻ IITE 450 ICA RATON, FL 3343 [.]		
Current Mailing Address:				New Mailing Address:		
1999 UNIVERSITY DR SUITE 210 CORAL SPRINGS, FL 33071			SU	2500 NORTH MILITARY TRAIL SUITE 450 BOCA RATON, FL 33071		
FEI Number:	65-0025824	FEI Number Applied For (FEI Number	Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
7538 OLD	IAN, BRYAN THYME CT D, FL 33076	US	753	CTERMAN, BRYAN 38 OLD THYME CT RKLAND, FL 33076	US	
The above in the State		submits this statement for	the purpose of ch	anging its registered of	ffice or registered agent, or both,	
SIGNATURE: BRYAN FACTERMAN				02/15/2005		
		onic Signature of Registered ng Trust Fund Contribution (). CTORS:	Ü	DITIONS/CHANGES	Date TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:) Delete RRY RIDGE RD	Title Nar Add	e: ()	Change () Addition	
Title: Name: Address: City-St-Zip:	RUBIN, JEFF 111 DEER RU			()	Change () Addition	
Title:	EVP () Delete	Title	e: ()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRYAN FACTERMAN EVP 02/15/2005