

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000124754 1. Entity Name NORTHAMERICAN MERCHANT SERVICES, INC.	
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Principal Place of Business 299 ALHAMBRA CIRCLE, SUITE #319A CORAL GABLES, FL 33134	Mailing Address 299 ALHAMBRA CIRCLE, SUITE #319A CORAL GABLES, FL 33134
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05102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1562098	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARRERO, ANDRÉS A 299 ALHAMBRA CIRCLE, SUITE #319A CORAL GABLES, FL 33134
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

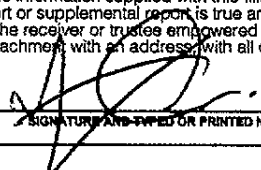
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARRERO, ANDRES A 299 ALHAMBRA CIRCLE, SUITE #319A CORAL GABLES, FL 33134
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05/20/06-80088-011 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/06 (305) 726-1761
Date Daytime Phone #