

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044537

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: MERCHANT AUTOPAY SERVICES INC.

## Current Principal Place of Business:

1040 BISCAYNE BLVD  
2104  
MIAMI, FL 33132

## New Principal Place of Business:

35 NE 40TH ST  
301  
MIAMI, FL 33137

## Current Mailing Address:

1040 BISCAYNE BLVD  
2104  
MIAMI, FL 33132

## New Mailing Address:

35 NE 40TH ST  
301  
MIAMI, FL 33137

FEI Number: 20-8815764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CROUCH, KACEY  
Address: 1408 BRICKELL BAY DR #1206  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CROUCH, KACEY  
Address: 1040 BISCAYNE BLVD, STE 2104  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify 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: KACEY CROUCH

PRES

03/10/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date