2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000124754

NORTHAMERICAN MERCHANT SERVICES, INC.



FILED May 12, 2006 08:00 Al Secretary of State

CR2E034 (11/05)

Principal Place of Business

SIGNATURE:

Mailing Address

299 ALHAMBRA CIRCLE, SUITE #319A CORAL GABLES, FL 33134

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DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-1562098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

5. Name and Address of Current Registered Agent

CARRERO, ANDRÉS A 299 ALHAMBRA CIRCLE, SUITE #319A CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

No Chg-P

05102006

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 sig				required when rainstating)	DATE
FILE NOWILL FEE IS \$150.00 9. Election Car Due by September 6, 2006 Trust Fund 0				\$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 DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRERO, ANDRES A 299 ALHAMBRA CIRCLE, SUITE #319 CORAL GABLES, FL 33134	A6			V00000564751
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000564751 105/20/06-80088-011 150.00
TITLE RAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
12. I hereby certify that the information supplied with this filling 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 truetee emigwared 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.					

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR