

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000027892

**Entity Name:** MERCHANT CARD SOLUTIONS-FLORIDA INC

**FILED**  
**Aug 31, 2015**  
**Secretary of State**  
**CC1312413563**

**Current Principal Place of Business:**

7800 RED ROAD  
STE 127  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

P.O BOX 600630  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALFANO, THOMAS  
7800 RED ROAD  
STE 127  
SOUTH MIAMI, FL 33143 US

*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

**Officer/Director Detail :**

Title	DIR	Title	DIR
Name	DIAZ, FREDDY P	Name	DIAZ, FREDDY F
Address	7800 RED ROAD STE 127	Address	7800 RED ROAD STE 127
City-State-Zip:	SOUTH MIAMI FL 33143	City-State-Zip:	SOUTH MIAMI FL 33143

*I hereby 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 all other like empowered.*

**SIGNATURE: FREDDY DIAZ**

**DIRECTOR**

**08/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date