

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000045642

Entity Name: APS - AMERICAN PAYMENT SERVICES, INC.

Current Principal Place of Business:

1680 MICHIGAN AVE., STE. 700
MIAMI BEACH, FL 33139

Current Mailing Address:

1680 MICHIGAN AVE., STE. 700
MIAMI BEACH, FL 33139 US

FEI Number: 47-0997939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GENTILE, MARIA
1680 MICHIGAN AVE., STE. 700
MIAMI BEACH, FL 33139 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
Name NOVEBACI, CLAUDIO
Address 1680 MICHIGAN AVE., STE. 700
City-State-Zip: MIAMI BEACH FL 33139

Title PRES
Name NOVEBACI, CLAUDIO
Address 1680 MICHIGAN AVE., STE. 700
City-State-Zip: MIAMI BEACH FL 33139

Title S
Name NOVEBACI , CLAUDIO
Address 1680 MICHIGAN AVE STE 700
City-State-Zip: MIAMI BEACH FL 33139

Title T
Name NOVEBACI , CLAUDIO
Address 1680 MICHIGAN AVE STE 700
City-State-Zip: MIAMI BEACH FL 33139

Title VP
Name NOVEBACI, CLAUDIO
Address 1680 MICHIGAN AVE STE 700
City-State-Zip: MIAMI BEACH FL 33139

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: CLAUDIO NOVEBACI

DPTS

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date