

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000064583

Entity Name: PROS PAYMENT SOLUTION INC

Current Principal Place of Business:

14629 SW 104 ST STE 490
MIAMI, FL 33186

Current Mailing Address:

14629 SW 104 ST STE 490
MIAMI, FL 33186 US

FEI Number: 82-2326584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAVIANO, ELIANIS
10300 SW 142 CT
MIAMI, FL 33186 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 P
Name CHAVIANO, ELIANIS
Address 10300 SW 142 CT
City-State-Zip: MIAMI FL 33186

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: ELIANIS CHAVIANO

P

02/25/2018

Electronic Signature of Signing Officer/Director Detail

Date