

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037685

FILED
Jan 14, 2008
Secretary of State

Entity Name: AMS - AGOS MERCHANT SERVICE LLC

Current Principal Place of Business:

2640 N. 26TH TERRACE
HOLLYWOOD, FL 33020

New Principal Place of Business:

2640 N 26TH TERRACE
HOLLYWOOD, FL 33020

Current Mailing Address:

2640 N. 26TH TERRACE
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 20-2696474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDMAN, AVIAD
229 SE 4TH TERRACE
DANIA BEACH, FL 33004 US

Name and Address of New Registered Agent:

GOLDMAN, AVIAD
2640 N 26 TERRACE
HOLLYWOOD, FL 33020 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: OMER SHLOMOVITZ

01/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDMAN, AVIAD
Address: 229 SE 4TH TERRACE
City-St-Zip: DANIA BEACH, FL 33004

Title: MGRM () Delete
Name: SHLOMOVITZ, OMER
Address: 229 SE 4TH TERRACE
City-St-Zip: DANIA BEACH, FL 33004

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOLDMAN, AVIAD
Address: 2640 N 26TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM (X) Change () Addition
Name: SHLOMOVITZ, OMER
Address: 2640 N 26TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33020

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OMER SHLOMOVITZ

MGRM

01/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date