

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000035502

1. Entity Name

GLOBAL MERCHANT SYSTEMS, INC.



Principal Place of Business

633 S ROYAL POINCIANA BLVD #218
MIAMI SPRINGS, FL 33166

Mailing Address

633 S ROYAL POINCIANA BLVD #218
MIAMI SPRINGS, FL 33166

FILED

04 OCT 18 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 09/32/04 No Chg. Fee 09/32/04 (10/03) 04

4. FEI Number

65-1090755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CISNEROS, YOLANDA
633 S ROYAL POINCIANA BLVD #218
MIAMI SPRINGS, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 DIRECTORS

TITLE	PD
NAME	CISNEROS, YOLANDA
STREET ADDRESS	633 S ROYAL POINCIANA BLVD #218
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	S
NAME	CISNEROS, JOHNNIE
STREET ADDRESS	633 S ROYAL POINCIANA BLVD #218
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/18/04--01068--012 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/04