2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000087487 01-18-2005 90041 008 ***150.00 1. Entity Name MERCHANT PROCESSING SYSTEMS, INC. Principal Place of Business Mailing Address 40002043 1441 NW 89TH COURT 1441 NW 89TH COURT MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address 4210 Nautilus DRIVE 4210 Nautilus DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Cha-F CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FLoxIda Miani Beach Mrami Benla 65-1136450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEIN, ERIC P ESQ Street Address (P.O. Box Number is Not Acceptable) 913 NORMANDY DRIVE MIAMI BEACH, FL 33141 Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΠ TITLE ☐ Delete ■ Addition LAPCIUL, YAIC LAPCIUC, YAIR NAME NAME STREET ADDRESS 1441 NW 89TH COURT 4210 Nautilus Drive STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP MIAMI BENH, FL. 33140 TITLE STD ☐ Delete TITLE STD Change ☐ Addition LAPCIUC, BETH LAPCINC, Beth NAME NAME STREET ADDRESS 1441 NW 89TH COURT 4210 dautilus Deive STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP MIAMIBERCH, FL. 33140 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.

LARCIUL

SIGNATURE:

FILED Jan 18, 2005 8:00 am