

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064107

Entity Name: PAYSYSTEMS, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

3333 N UNIVERSITY DR
A
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

3333 N UNIVERSITY DR
A
DAVIE, FL 33024

New Mailing Address:

FEI Number: 04-3681415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENTIERA, JOHN
333 N UNIVERSITY DR
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: VENTIERA, JOHN
Address: 3333 N UNIVERSITY DR
City-St-Zip: DAVIE, FL 33024

Title: TD () Delete
Name: ALTCHKEK, IRA
Address: 3333 N UNIVERSITY DR
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ALTCHKEK, IRA
Address: 3333 N UNIVERSITY DR
City-St-Zip: DAVIE, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: IRA ALTCHKEK

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date