

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118284

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: GLOBAL PAYMENT SERVICES, INC.

## Current Principal Place of Business:

2200 SOUTH DIXIE HIGHWAY SUITE 702  
MIAMI, FL 33133

## New Principal Place of Business:

1627 BRICKELL AVENUE  
405  
MIAMI, FL 33129

## Current Mailing Address:

2200 SOUTH DIXIE HIGHWAY SUITE 702  
MIAMI, FL 33133

## New Mailing Address:

1627 BRICKELL AVENUE  
405  
MIAMI, FL 33129

FEI Number: 57-1136727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TRIANA, LUIS FELIPE  
2200 SOUTH DIXIE HIGHWAY SUITE 702  
MIAMI, FL 33133

## Name and Address of New Registered Agent:

TRIANA, LUIS FELIPE  
1627 BRICKELL AVENUE  
405  
MIAMI, FL 33129

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:

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TRIANA, LUIS FELIPE  
Address: 2200 SOUTH DIXIE HIGHWAY SUITE 702  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: TARRAU, GABRIEL  
Address: 2200 SOUTH DIXIE HIGHWAY SUITE 702  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TRIANA, LUIS FELIPE  
Address: 1627 BRICKELL AVENUE #405  
City-St-Zip: MIAMI, FL 33129

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

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: LUIS FELIPE TRIANA

D

04/12/2004

Electronic Signature of Signing Officer or Director

Date