## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000124231

Address:

City-St-Zip:

4000 PONCE DE LEON BLVD. #470

CORAL GABLES, FL 33146

Entity Name: TRANSACT SERVICES, INC.

FILED May 03, 2005 Secretary of State

| Current Principal Place of Business:                            |                                 |   |                                  | New Principal Place of Business:             |                |   |  |
|---|---------------------------------|---|----------------------------------|--|----------------|---|--|
| 4000 PONCE DE LEON BLVD.<br>SUITE 470<br>CORAL GABLES, FL 33146 |                                 |   |                                  | 8275 SW 53 AV<br>MIAMI, FL 33143             |                |   |  |
| Current Mailing Address:  |                                 |   |                                  | New Mailing Address:                         |                |   |  |
| SUITE 470   | CE DE LEON<br>)<br>ABLES, FL 33 |   | 8275 SW 53 AV<br>MIAMI, FL 33143 |  |                |   |  |
| FEI Number: 92-0188754 FEI Number Applied For ( )               |                                 |   | ) FEI Nur                        | nber Not App                                 | licable ( )    | Certificate of Status Desired ( )       |  |
| Name and Address of Current Registered Agent:                   |                                 |   |                                  | Name and Address of New Registered Agent:    |                |   |  |
| 1840 SW 2<br>4TH FLOC   |                                 | <sup>2</sup> .A.  |                                  |  |                |   |  |
|   | e named entity<br>e of Florida. | submits this statement fo                                       | r the purpose o                  | f changing                                   | its registere  | ed office or registered agent, or both, |  |
| SIGNATUI  | RE:                             |   |                                  |  |                |   |  |
| Electronic Signature of Registered Agent                        |                                 |   |                                  | Date   |                |   |  |
|   |                                 | 93(2)(b), F.S., the corporation<br>ng Trust Fund Contribution ( |                                  | he prior notic                               | e.             |   |  |
| OFFICERS AND DIRECTORS:   |                                 |   |                                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                     | RODRIGUEZ,                      | DE LEON BLVD. #470  |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip:  |                | () Change () Addition                   |  |
| Title:<br>Name:   | PSD (<br>MENDOZA, CI            | ) Delete<br>LAUDIO J  |                                  | Title:<br>Name:                              | PSD<br>MENDOZA | (X) Change()Addition<br>、CLAUDIO J      |  |

Address:

City-St-Zip:

8275 SW 53 AV

MIAMI, FL 33143

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: CLAUDIO J. MENDOZA PSD 05/03/2005