## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 02, 2004 8:00 am Secretary of State 09-02-2004 90073 049 \*\*\*155.00

DOCUMENT # P03000012470					09-02-2004 90073 049 ***155.00					
1. Entity Name GLOBAL TECH MERCHANT SERVICES, INC.										
Principal Place 3899 NW 7 S MIAMI, FL 3		Mailing Address 3899 NW 7 ST STE 224 MIAMI, FL 33126					- 5	40714	53	
	Place of Business TREE TOP DRIVE	3. Mailing Address 38 71 TEEE 7	OP DEIV	E						
Suite, Apt.		Suite, Apt. #, etc.			5052004	Chg-P	CR2E	034 (10/03)		
City & Stat	ON FL	City & State WESTON	FL	4.	FEI Number	_ / ^ ~	14	<del></del>	plied For t Applicable	
3333	Z Country USA	33332 <u>Zip</u>	Country	5.	Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent					
ALFAR & A 3899 NW I MIAMI, FL		<u> </u>		CO no er is Not Acceptat		***				
WILAWII, FL	33120		3	871	TE	EE TO	) D	eive		
	i.		City		STOI		FL	ニーうつ	332	
8. The above named entry 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 (vopy by ground and under the processor of the process										
FILE NOWIL FEE IS \$150.00  9. Election Campaign Financing 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 D	DIRECTORS	11.	Al	DDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONVERSE, GIOVANY 8655 NW 21 TERRACE APT 311 MIAMI, FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	387	ers, e 1 tee 5 ton	iovanni E TOP DE FL 333	11VE 132	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FARFAN, ALFONSO 3899 NW 7 ST STE 224 MIAMI, FL 33126	⊠Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE	e e e e e e e e e e e e e e e e e e e	☐ Delete /	TITLE	<i></i>				☐ Change	Addition	
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12. Thereby certify that the information supplied with this filling 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 must be provided by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment and address, with all of click empowered.										