2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State
08-27-2004 90004 008 ***550.00

DOCUMENT # P03000052944

1. Entity Name
PREMIER MERCHANT PROCESSING INC.

Principal Place of Business	Mailing Address
2750 OCEAN CLUB BLVD. SUITE 205 HOLLYWOOD, FL 33019 US	2750 OCEAN CLUB BLVD. SUITE 205 HOLLYWOOD, FL 33019 US

2. Principal Place of Business	3. Mailing Address
100 N. FEDERAL HWY	1001 N. FEDERAL HWY
Suite, Apt. #, etc.: SUITE 305	Suite, Apt. #, etc.: SUITE 305
City & State: HALLANDALE FL.	City & State: HALLANDALE FL
Zip: 33009 Country: BROWARD	Zip: 33009 Country: BROWARD

08102004 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0072186 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ERIC R
2750 OCEAN CLUB BLVD.
SUITE 205
HOLLYWOOD, FL., FL 33019

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BROWN, ERIC R	
STREET ADDRESS	2750 OCEAN CLUB BLVD. #205	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	SEC.	☐ Delete
NAME	BROWN, ROBERT L	
STREET ADDRESS	15119 SUNWWOD BLVD.	
CITY-ST-ZIP	TUKWILA, WA 98188	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/10/2004 Date
954-454-5157 Daytime Phone #