

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000080093**

1. Entity Name

**MERCHANTS SERVICES & PROCESSING, INC.**



Principal Place of Business

**1161 RED BIRD AVENUE  
MIAMI FL 33166  
US**

Mailing Address

**1161 RES BIRD AVENUE  
MIAMI SPRINGS FL 33166-0  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**57-1200554**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREA, YARID G  
1161 RED BIRD AVENUE  
MIAMI SPRINGS FL 33166**

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 consulting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **YARID, ANDREA G**  
STREET ADDRESS **1161 RED BIRD AVENUE**  
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Change ☐ Addition  
NAME **000000566738**  
STREET ADDRESS **06/05/06-80004-014 150.00**  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **SPADER, WILLIAM J**  
STREET ADDRESS **1161 RED BIRD AVENUE**  
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **YARID-HERNANDEZ**  
STREET ADDRESS **1161**  
CITY-ST-ZIP **MIAMI**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify the information indicated on this report of the corporation is true, correct, and complete, if changed, or corrected.

emptions contained in Section 119, Florida Statutes. I further certify that the information here shall have the same legal effect as if made under oath; that I am an officer or director of the corporation as provided by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

**SIGNATURE**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/29/06**

**(305) 927-0511**

Date

Daytime Phone #