


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 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 US	



06032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1200554	Applied For Not Applicable
5. Certificate of Status Desired, <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDREA, YARID G 1161 RED BIRD AVENUE MIAMI SPRINGS, FL 33166	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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 DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YARID, ANDREA G 1161 RED BIRD AVENUE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPADER, WILLIAM J 1161 RED BIRD AVENUE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YARID- HERMANDEL, MARISITA A 1161 RED BIRD AVENUE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/05/08-80002-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #