

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 16, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P05000043314**

**1. Entity Name  
G & M FIRST PAYMENT SYSTEMS INC**



**Principal Place of Business      Mailing Address**  
**19479 SW 54TH ST      19479 SW 54TH ST**  
**MIRAMAR, FL 33029      MIRAMAR, FL 33029**



**04122007      No Chg-P      CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number      Applied For**  
**20-2709998      Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MCLEAN, VICTOR G  
19479 SW 54TH ST  
MIRAMAR, FL 33029**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**4/12/2007**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**000000710055**

**04/25/07 00027 021 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE      MR.**  
**NAME      MCLEAN, VICTOR G**  
**STREET ADDRESS      19479 SW 54TH ST**  
**CITY-ST-ZIP      MIRAMAR, FL 33029**

**TITLE      MRS.**  
**NAME      MCLEAN, MELANIE E**  
**STREET ADDRESS      19479 SW 54TH ST**  
**CITY-ST-ZIP      MIRAMAR, FL 33029**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

**MELANIE MCLEAN**

**4/15/2007      (954) 593-7359**