

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000094062

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** UNIFIED PAYMENTS SOLUTION, INC.

**Current Principal Place of Business:**

18090 COLLINS AVE  
T19-20  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18090 COLLINS AVE  
T19-20  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RASNER, MIKHAIL  
18090 COLLINS AVE  
T19-20  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

RASNER, MIKHAEL  
18090 COLLINS AVE  
T19-20  
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: MIKHAEL RASNER

04/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TAKHALOV, MIKHAIL  
Address: 18090 COLLINS AVE., STE T19-20  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D  
Name: RASNER, MIKHAEL  
Address: 18090 COLLINS AVE., STE T19-20  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D  
Name: TEREKHOV, LEONID  
Address: 18090 COLLINS AVE., STE T19-20  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKHAEL RASNER

D

04/18/2012

Electronic Signature of Signing Officer or Director

Date