

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076957

Entity Name: PEBI SERVICES, INC.

FILED  
Apr 14, 2008  
Secretary of State

**Current Principal Place of Business:**

14501 SW 96 AVE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

14501 SW 96 AVE  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-1038073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLEMAN, ANTHONY G JR.  
3275 W. HILLSBORO BLVD.  
SUITE 207  
DEERFIELD BEACH, FL 33442 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HEARNS, TYRA  
Address: P.O. BOX 561772  
City-St-Zip: PINECREST, FL 33256

Title: D ( ) Delete  
Name: HEARNS, MICHAEL  
Address: P.O. BOX 561772  
City-St-Zip: PINECREST, FL 33256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TYRA HEARNS

D

04/14/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date