

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108378

1. Entity Name
PUBLIC AFFAIRS SERVICES, INC.



Principal Place of Business
4601 SHERIDAN STREET, STE 401
HOLLYWOOD, FL 33021

Mailing Address
4601 SHERIDAN STREET, STE 401
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1154833	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

DAGEN, SHELDON
4601 SHERIDAN STREET, STE 401
HOLLYWOOD, FL 33021

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRAGG, OTIS O III 1000 BRICKELL AVE STE 400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASAS, RAMON F 1000 BRICKELL AVE STE 400 MIAMI, FL 33131
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04/25/07--01022--008 **350.00

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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:  *cd13107*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #