2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91254 049 ***150.00

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DOCUMENT # P03000138821

1. Entity Name
PLANNED BUILDING SERVICES, INC.

Principal Place of Business	Mailing Address
16415 NW 13 ST. PEMBROKE PINES, FL 33028	16415 NW 13 ST. PEMBROKE PINES, FL 33028

2. Principal Place of Business: 2700 SW 190 Ave	3. Mailing Address: P.O. Box 821042
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, Fl	City & State: SOUTH FLORIDA
Zip: 33029 Country	Zip: 33082-1042 Country: USA

04282004 Chg-P CR2E034 (10/03)

4. FEI Number: 57-1193351 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PICCIONE, CLAUDIO
16415 NW 13 ST.
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name: Carlos Layman.
Street Address (P.O. Box Number is Not Acceptable): 2700 SW 190 Ave
City: Miramar **FL** Zip Code: 33029

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICCIONE, CLAUDIO 16415 NW 13 ST. PEMBROKE PINES, FL 33028	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President. Carlos Layman, Carlos. 2700 SW 190 Ave Miramar, Fl. 33029	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 04-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #