

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90101 012 ***150.00

DOCUMENT # P03000138821

1. Entity Name
PLANNED BUILDING SERVICES, INC.



Principal Place of Business
2700 SW 190 AVE
HOLLYWOOD, FL 33029

Mailing Address
PO BOX 821042
PEMBROKE PINES, FL 33082

50048990

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2. Principal Place of Business
14119 SW 32 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005

Chg-P

CR2E034 (10/03)

City & State
Miramar, FL

City & State

4. FEI Number
57-1193351

Applied For
Not Applicable

Zip
33027

Country
Broward

Zip

Country

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

6. Name and Address of Current Registered Agent

LAYMAN, CARLOS
2700 SW 190 AVE
HOLLYWOOD, FL 33029

7. Name and Address of New Registered Agent

Name
Layman Carlos
Street Address (P.O. Box Number is Not Acceptable)
14119 SW 32 ST.
City
Miramar, FL
Zip Code
33027

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 re-registering)

DATE

04/29/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD LAYMAN, CARLOS 2700 SW 190 AVE HOLLYWOOD, FL 33029	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYMAN, CARLOS 14119 SW 32 ST. Miramar, FL 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05

Date

Daytime Phone #