


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90079 016 \*\*\*150.00

**DOCUMENT # P96000057097**

1. Entity Name  
**PHOENIX MANAGEMENT SERVICES, INC.**



Principal Place of Business <del>4780 N ST. ROAD SEVEN</del> <del>E250</del> <del>FORT LAUDERDALE, FL 33319</del> US	Mailing Address <del>4780 N ST. ROAD SEVEN</del> <del>E250</del> <del>FORT LAUDERDALE, FL 33319</del> US
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03132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # <b>4800 N. State Rd 7</b>	3. Mailing Address <b>4800 N State Rd 7</b>
Suite, Apt. #, etc. <b>F-105</b>	Suite, Apt. #, etc. <b>F-105</b>

City & State <b>Lauderdale Lakes, FL</b>	City & State <b>Lauderdale Lakes, FL</b>
Zip <b>33319</b>	Country <b>USA</b>

4. FEI Number <b>65-0677051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>GOLDBERG, SHELDON</b> <b>4780 N ST RD SEVEN</b> <b>STE E250</b> <b>FORT LAUDERDALE, FL 33319.</b>		7. Name and Address of New Registered Agent Name <b>Goldberg, Sheldon</b> Street Address (P.O. Box Number is Not Acceptable) <b>4800 N State Rd 7</b> <b>F-105</b> City <b>Lauderdale Lakes</b> <b>FL</b> Zip Code <b>33319</b>	
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*New Address only*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD VP</b> <b>GOLDBERG, SHELDON</b> <b>1905 N. 55 AVE</b> <b>HOLLYWOOD, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HERNANDEZ, GABE</b> <b>3421 WILLOWOOD RD.</b> <b>LAUDERHILL, FL 33319</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Sheldon Goldberg 4/12/07 954 640-7070  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #