

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073804

FILED
Jan 07, 2008
Secretary of State

Entity Name: PASADENA BUSINESS SERVICES, INC.

Current Principal Place of Business:

461 SAN SERVANDO
MIAMI, FL 33143

New Principal Place of Business:

90 EDGEWATER DRIVE
1220
MIAMI, FL 33133

Current Mailing Address:

461 SAN SERVANDO
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0777217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, DENISE
461 SAN SERVANDO AVE.
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

JACOBS, DENISE R
90 EDGEWATER DRIVE
1220
MIAMI, FL 33133 US

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: DENISE R. JACOBS

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMERICO, ANTHONY J
Address: 461 SAN SERVANDO AVE.
City-St-Zip: CORAL GABLES, FL 33143

Title: VP () Delete
Name: AMERICO, JANET
Address: 461 SAN SERVANDO
City-St-Zip: CORAL GABLES, FL 33143

Title: VP () Delete
Name: JACOBS, DENISE R
Address: 461 SAN SERVANDO
City-St-Zip: CORAL GABLES, FL 33143

Title: COO () Delete
Name: SIMMONS, DAVID R
Address: 461 SAN SERVANDO
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: AMERICO, ANTHONY J
Address: 90 EDGWATER DRIVE 1220
City-St-Zip: CORAL GABLES, FL 33133

Title: P (X) Change () Addition
Name: AMERICO, JANET
Address: 90 EDGEWATER DRIVE 1220
City-St-Zip: CORAL GABLES, FL 33133

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

Title: COO (X) Change () Addition
Name: SIMMONS, DAVID R
Address: 90 EDGEWATER DRIVE 1220
City-St-Zip: CORAL GABLES, FL 33133

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: DENISE R. JACOBS

VP

01/07/2008

Electronic Signature of Signing Officer or Director

Date