

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S73019

FILED
Sep 01, 2009
Secretary of State

Entity Name: PROFESSIONAL BLINDS SYSTEMS INC.

Current Principal Place of Business:

6850 N.W. 74 STREET
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

2665 S. BAYSHORE DR.
SUITE 703
MIAMI, FL 33133 US

New Mailing Address:

999 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131 US

FEI Number: 65-0288801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLANSKY, MITCHELL S
2665 S BAYSHORE DR
STE. 703
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

POLANSKY, MITCHELL S ESQ
999 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131 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: MITCHELL S. POLANSKY

09/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELSOL, JOSE MANUEL
Address: 6850 N.W. 74TH STREET
City-St-Zip: MIAMI, FL 33166

Title: VP () Delete
Name: AYALA, RAFAEL
Address: 6850 N.W. 74TH STREET
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: MATOS, TOMAS
Address: 6850 N.W. 74TH STREET
City-St-Zip: MIAMI, FL 33166

Title: T () Delete
Name: MENDEZ, BERNARDO
Address: 6850 N.W. 74TH STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: GARCIA, JOSE
Address: 6850 N.W. 74TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOSE MANUEL BELSOL

P

09/01/2009

Electronic Signature of Signing Officer or Director

Date