

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 283142

Entity Name: P & S STORES INC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

39 N E 1ST ST
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

39 N E 1ST ST
MIAMI, FL 33132

New Mailing Address:

FEI Number: 59-1051683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINZBURG, SAUL
39 N E 1ST STREET
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GINZBURG, SAUL,
Address: 7901 BISCAYNE POINT
City-St-Zip: MIAMI BCH., FL

Title: TD () Delete
Name: GINZBURG, BERTHA,
Address: 7901 BISCAYNE PT
City-St-Zip: MIAMI BCH., FL

Title: AS () Delete
Name: DANNON, JACK
Address: 2320 NE 211TH STREET
City-St-Zip: N MIAMI BCH, FL 33180

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:

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: SAUL GINZBURG

PD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date