


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # 243830
 1. Entity Name
PROFESSIONAL SERVICES BOOKKEEPING INC



Principal Place of Business Mailing Address
736 NW 22ND AVENUE 736 NW 22ND AVENUE
MIAMI FL 33125 MIAMI FL 33125

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E034 (10/07)
 4. FEI Number **59-1164020** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PASCUAL, JULIO A
736 NW 22ND AVENUE
MIAMI FL 33125

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reconstituting)
 Signature, typed or printed name of registered agent and title (if applicable) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PASCUAL, JULIO A	
STREET ADDRESS	1221 STILLWATER DR	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	PASCUAL, MAGGIE LOLY	
STREET ADDRESS	1221 STILLWATER DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> Delete
NAME	PASCUAL, LOLY	
STREET ADDRESS	1221 STILLWATER DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000871508
 04/03/08-80133-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **3/15/08** **(305) 642-3000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:Mo:Year