

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90097 024 ***150.00

DOCUMENT # 283142

1. Entity Name
P & S STORES INC



Principal Place of Business
**39 N E 1ST ST
MIAMI, FL 33132**

Mailing Address
**39 N E 1ST ST
MIAMI, FL 33132**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1051683

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$0.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SINGER, PESIA
STREET ADDRESS 7901 BISCAYNE POINT
CITY-ST-ZIP MIAMI BEACH, FL

TITLE SD ☐ Delete
NAME GINZBURG, SAUL
STREET ADDRESS 7901 BISCAYNE POINT
CITY-ST-ZIP MIAMI BCH., FL

TITLE TD ☐ Delete
NAME GINZBURG, BERTHA
STREET ADDRESS 7901 BISCAYNE PT
CITY-ST-ZIP MIAMI BCH., FL

TITLE AS ☐ Delete
NAME DANNON, JACK
STREET ADDRESS 1875 NE 208 TERR
CITY-ST-ZIP N MIAMI BCH, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02