
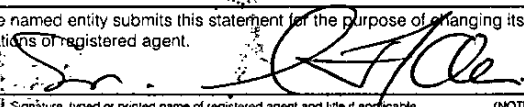
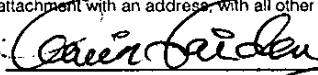


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90417 043 ***150.00

DOCUMENT # 428975 1. Entity Name P.S.A. DEVELOPMENT, CORP.					
Principal Place of Business 1865 BRICKELL AVE APT A 2108 MIAMI, FL 33129			Mailing Address 2100 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134		
2. Principal Place of Business 1643 Brickell Avenue		3. Mailing Address 1643 Brickell Avenue			
Suite, Apt. #, etc. 2305		Suite, Apt. #, etc. 2305			
City & State Miami, FL		City & State Miami, FL			
Zip 33129	Country USA	Zip 33129	Country USA	4. FEI Number 59-1868756	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARCIA-SARRAFF, JORGE I 2100 PONCE DE LEON BLVD. STE 601 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Miguel G. Farra Street Address (P.O. Box Number is Not Acceptable) 1001 Brickell Bay Dr., 9th Floor City Miami	
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:  DATE: 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAIDEN, SYLVIA 814 PONCE DE LEON BLVD. CORAL GABLES, FL.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Silvia Saiden 1643 Brickell Ave., Apt. 901 Miami, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAIDEN GIL, SYLVIA 814 PONCE DE LEON BLVD. CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Silvia de Saiden 1643 Brickell Ave., Apt. 2305 Miami, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAIDEN, AMIN 814 PONCE DE LEON BLVD CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amin Saiden 1643 Brickell Ave., Apt. 2305 Miami, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: 4-28-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		