

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 452234

1. Entity Name
PROPERTY MANAGEMENT SERVICES CORPORATION



Principal Place of Business
**8299 CORAL WAY
MIAMI, FL 33155**

Mailing Address
**8299 CORAL WAY
MIAMI, FL 33155**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2359526

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ-PORTUONDO, JULIO
8299 CORAL WAY
MIAMI, FLORIDA DM, FL 33155**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GONZALEZ-PORTUONDO, JULIO
8770 S.W. 97 TERR.
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
GONZALEZ-PORTUONDO, FRANCINE
8770 S.W. 97 TERR.
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ODALYS, ROMERO
5853 SW 147TH PL
MIAMI, FL 33193** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GONZALEZ-PORTUANDO, JULIO A
8770 SW 97 TERR
MIAMI, FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**U00000732689
05/09/07-80056-001 150.00**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/8/07 (305) 264-4250
Date Daytime Phone #