

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90332 016 \*\*\*150.00

**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**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2359526**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GONZALEZ-PORTUONDO, FRANCINE 8770 S.W. 97 TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODALYS, ROMERO 5853 SW 147TH PL MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ-PORTUANDO, JULIO A 8770 SW 97 TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

**4/23/08 (305) 264-4250**