


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 016 ***150.00

DOCUMENT #489826 1. Entity Name PROFESSIONAL BUSINESS ENTERPRISES, INC.					
Principal Place of Business 16 SW 40 AVE MIAMI, FL 33134 US			Mailing Address 16 SW 40 AVE MIAMI, FL 33134 US		
2. Principal Place of Business - No P.O. Box # 8810 SW. 123 CT #4-208		3. Mailing Address 8810 SW. 123 CT #4-208			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 59-1696841	
Zip 33186		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GONZALEZ, JOSE L 16 SW 40 AVE MIAMI, FL 33134			7. Name and Address of New Registered Agent Name CARMEN GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 8810 SW. 123 CT #4-208 City MIAMI FL Zip Code 33186		
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 X Carmen Gonzalez CARMEN GONZALEZ, Presd. 03/23/2007 <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	V GONZALEZ, JOSE L JR 16 SW 40 AVE MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDP GONZALEZ, CARMEN 16 SW 40 AVE MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, CARMEN 16 SW 40 AVE MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: X Carmen Gonzalez CARMEN GONZALEZ, Presd. 03/23/07 (305) 297-7245 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone</small>					