2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 507878

1. Entity Name
PROFESSIONAL INVESTMENT SERVICES CORP.

Principal Place of Business	Mailing Address
3111 N ANDREWS AVE BLDG FT. LAUDERDALE, FL 33309	3111 N ANDREWS AVE BLDG FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

02282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1679698	Not Applicable

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

6. Name and Address of Current Registered Agent

LANGSTROTH, WENDY K
3111 N ANDREWS AVE BLDG 1
FT. LAUDERDALE, FL 33309

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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, 2005 Fee will be $550.00

9. Election Campaign Financing ☐ **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	LANGSTROTH, WENDY
STREET ADDRESS	3111 N ANDREWS AVE BLDG 1
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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: _____   4/1/05   954-566-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #