

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J30537

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: PROFESSIONAL SERVICE AGENTS, INC.

## Current Principal Place of Business:

C/O BURT E. REDLUS  
19 W. FLAGLER ST., #711  
MIAMI, FL 33130

## New Principal Place of Business:

## Current Mailing Address:

C/O BURT E. REDLUS  
19 W. FLAGLER ST., #711  
MIAMI, FL 33130

## New Mailing Address:

FEI Number: 65-0037295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REDLUS, BURT E.  
19 W. FLAGLER ST.  
#711  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LYONS, MICHAEL  
Address: 929 CYPRESS DRIVE  
City-St-Zip: DERAY BEACH, FL 33483

Title: VP ( ) Delete  
Name: LYONS, CYNTHIA  
Address: 929 CYPRESS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: T ( ) Delete  
Name: REDLUS, CAROLE  
Address: 19 W. FLAGLER ST., #711  
City-St-Zip: MIAMI, FL 33130

Title: S ( ) Delete  
Name: REDLUS, BURT  
Address: 19 W. FLAGLER ST., #711  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LYONS

PD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date