

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62019

FILED
Aug 14, 2009
Secretary of State

Entity Name: PRUDENTIAL FINANCIAL SERVICES, LTD., CORP.

Current Principal Place of Business:

5540 SCARINGTON CT., W.
ORLANDO, FL 32821 US

New Principal Place of Business:

Current Mailing Address:

5540 SCARINGTON CT., W.
ORLANDO, FL 32821 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLER, EDWARD ESQ
5540 SCARINGTON COURT W.
ORLANDO, FL 32821 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: GELLER, EDWARD ESQ
Address: 2 SOUTHEAST AVE
City-St-Zip: NEW YORK, NY 10850

Title: EVP () Delete
Name: O'BRIEN, FRANK III
Address: 15474 BELLANCA LANE
City-St-Zip: WELLINGTON, FL 33414

Title: EVP () Delete
Name: PLAT, FRED
Address: 21205 YACHT CLUB DRIVE - 1710
City-St-Zip: AVENTURA, FL 33180

Title: EVP () Delete
Name: SANDS, NICALLAS
Address: 5540 SCARINGTON CT W
City-St-Zip: ORLANDO, FL 32821

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: NICHOLAS SANDS

MEMB

08/14/2009

Electronic Signature of Signing Officer or Director

Date