

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033216

FILED
Apr 25, 2007
Secretary of State

Entity Name: PROFESSIONAL MANAGEMENT AND INVESTMENTS, LLC

Current Principal Place of Business:

6158 SW 194 AVENUE
PEMBROKE PINES, FL 33332 US

New Principal Place of Business:

2500 S. PARK ROAD
2A1
PEMBROKE PARK, FL 33009 US

Current Mailing Address:

6158 SW 194 AVENUE
PEMBROKE PINES, FL 33332 US

New Mailing Address:

2500 S. PARK ROAD
2A1
PEMBROKE PARK, FL 33009 US

FEI Number: 20-2651357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILFORD, ALINA
6158 SW 194 AVENUE
PEMBROKE PINES, FL 33332 US

Name and Address of New Registered Agent:

WILFORD, ALINA
5120 SW 111 TERRACE
DAVIE, FL 33328 US

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:

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILFORD, BRIAN G
Address: 6158 SW 194 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33332 US

Title: MGRM () Delete
Name: MAZZRILLO, FRANK
Address: 5079 N. DIXIE HIGHWAY
City-St-Zip: OAKLAND PARK, FL 33334 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILFORD, BRIAN G
Address: 5120 SW 111 TERRACE
City-St-Zip: DAVIE, FL 33328 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN WILFORD

MGRM

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date