

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047180

1. Entity Name
P.S.A. DEVELOPMENT LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:44

Principal Place of Business
1643 BRICKELL AVE
APT 2305
MIAMI, FL 33129

Mailing Address
1643 BRICKELL AVE
APT 2305
MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE



03242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4967939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FARRA, MIGUEL
1001 BRICKELL BAY DRIVE, 9TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
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 \$138.75
After May 1, 2008 Fee will be \$538.75

800130999838
06/06/08--01027--015 **2453.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAIDEN, AMIN 1643 BRICKELL AVE, APT 2305 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAIDEN, SILVIA 1643 BRICKELL AVE, APT 2305 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAIDEN DE NAVARRO, SILVIA 1643 BRICKELL AVE, APT 2305 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

B. B. B. JUN 02 2008

11. 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 is true and accurate and that my 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:  3/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #