2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2007
Secretary of State

DOCUMENT# L06000059817

Entity Name: PROFESSIONAL SOLUTIONS TEAM LLC

Current Principal Place of Business:

907 HACIENDA CIR
KISSIMMEE, FL 34741

New Principal Place of Business:

5448 HOFFNER RD
108
ORLANDO, FL 32812

Current Mailing Address:

907 HACIENDA CIR
KISSIMMEE, FL 34741

New Mailing Address:

5448 HOFFNER RD
108
ORLANDO, FL 32812

FEI Number: 20-5039792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ABRAHAM, HECTOR D
907 HACIENDA CIR
KISSIMMEE, FL 34741 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ABRAHAM, HECTOR D
Address: 907 HACIENDA CIR
City-St-Zip: KISSIMMEE, FL 34741

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: MORALES, MARIO J
Address: 5448 HOFFNER RD SUITE 108
City-St-Zip: ORLANDO, FL 32812

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: HECTOR D ABRAHAM MGR 08/24/2007

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