2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

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Entity Name: PROFESSIONAL SOLUTIONS TEAM LLC

Current Principal Place of Business:

5448 HOFFNER RD
108
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

5448 HOFFNER RD
108
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 20-5039792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAHAM, HECTOR D
4415 S. SEMORAN BLVD. APT 1
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

ABRAHAM, HECTOR D
5777 CROWNTREE LN APT 206
ORLANDO, FL 32829 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: HECTOR D ABRAHAM 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ABRAHAM, HECTOR D
Address: 4415 S. SEMORAN BLVD. APT 1
City-St-Zip: ORLANDO, FL 32822 US

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

Title: MGR ( ) Delete
Name: FERNANDEZ, ALICIA S
Address: 4415 S. SEMORAN BLVD APT1
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ABRAHAM, HECTOR D
Address: 5777 CROWNTREE LN APT 206
City-St-Zip: ORLANDO, FL 32829 US

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

Title: MGR (X) Change ( ) Addition
Name: FERNANDEZ, ALICIA S
Address: 5777 CROWNTREE LN APT 206
City-St-Zip: ORLANDO, FL 32829 US

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 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date