## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81381

Entity Name: P.C.S. IMPORT & EXPORT CORP.

FILED Apr 28, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8560 NW 72ND ST 1835 NE MIAMI GARDENS DR MIAMI, FL 33166

US STE 108

NORTH MIAMI BEACH, FL 33179 US

**Current Mailing Address:** New Mailing Address:

1835 NE MIAMI GARDENS DR 8560 NW 72ND ST

MIAMI, FL 33166 US STE 108

NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 65-0201313 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BRYANT, BERNARD PAULO, SILVA C 1835 NÉ MIAMI GARDENS DR 847 NW 119 ST #205

MIAMI, FL 33168 STE 108

NORTH MIAMI BEACH, FL 33179 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: PAULO C SILVA 04/28/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

(X) Change ( ) Addition ( ) Delete Title:

SILVA, PAULO C., Name: Name: SILVA, PAULO C., 8560 NW 72 ND ST 1835 NE MIAMI GARDENS DR STE 108 Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VSD Title: VSD (X) Change ( ) Addition () Delete

SILVA, SILVANA C., Name: Name: SILVA, SILVANA C.,

8560 NW 72ND ST 1835 NE MIAMI GARDENS DR STE 108 Address: Address: MIAMI, FL 33166 NORTH MIAMI BEACH, FL 33179 City-St-Zip: 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: PAULO C SILVA PTD 04/28/2007