


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M71665</b> 1. Entity Name <b>PROFESSIONAL OFFICE SYSTEMS, INC.</b>	
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Principal Place of Business <b>6801 NW 77 AVE STE 112 MIAMI, FL 33166 US</b>	Mailing Address <b>6801 NW 77 AVE STE 112 MIAMI, FL 33166 US</b>
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**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0028425</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PI CADO, ANDRES 1120 SW 163RD AVE PEMBROKE PINES, FL 33025</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LLAMAZARES, VICENTE 141 E. 48TH ST. HIALEAH, FL 33013</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PICADO, ANDRES 1120 SW 163 AVE PEMBROKE PINES, FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD PICADO, ANTONIO 13215 SW 69TH TERR MIAMI, FL 33183</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD GOMEZ, BENITO 2211 SW 23RD TRR MIAMI, FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/30/08-80012-008 150.00

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ANDRES PICADO** 

SIGNATURE AND TYPED OR PRINTED NAME OF ANNING OFFICER OR DIRECTOR

Date **4-25-08** Daytime Phone # \_\_\_\_\_