## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TO

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # P00000013564** 1. Entity Name 05-01-2006 90437 047 \*\*\*150.00 PRECIOUS HOME MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 19431 NORTHEAST 18TH PLACE 19431 NORTHEAST 18TH PLACE NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179 2. Principal Place of Business 3. Mailing Address 001 Biscaune Blvd. 2001 BISCOURE BIVD Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 CR2E034 (11/05) #2108 Chg-P Suite# 4. FEI Number Applied For City & State 65-0984742 Not Applicable Hiami \$8.75 Additional USA 5. Certificate of Status Desired 313 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAUREGUI, JULIE Street Address (P.O. Box Number is Not Acceptable) 19431 NORTHEAST 18TH PLACE NORTH MIAMI BEACH, FL 33179 City Zip Code 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 3 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 **PSD** TITLE ☐ Change ■ Addition TITLE ☐ Delete JAUREGUI, JULIE NAME NAME STREET ADDRESS 19431 NORTHEAST 18TH PLACE STREET ADDRESS N MIAMI BEACH, FL 33179 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

G OFFICER OR DIRECTOR

**FILED**