


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000030048

1. Entity Name
PREMIER REFERRAL SERVICES, INC.



Principal Place of Business Mailing Address

**7875 S.W. 104 ST.
 SUITE 101
 MIAMI FL 33156** **7875 S.W. 104 ST.
 SUITE 101
 MIAMI FL 33156**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For

65-1015368 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELINOIS, PATRICIA
 7875 SW 104 ST
 SUITE 101
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be

Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

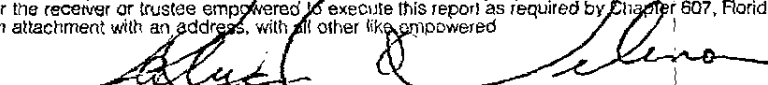
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	DELINOIS, PATRICIA	
STREET ADDRESS	7875 SW 104 ST., SUITE 101	
CITY- ST- ZIP	MIAMI FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUSSELL, JUDITH G	
STREET ADDRESS	7875 SW 104 ST., SUITE 101	
CITY- ST- ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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U00000528231
 05/05/06-80070-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #