

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071866

FILED
May 04, 2005
Secretary of State

Entity Name: PROFESSIONAL RECOVERY SERVICES, INC.

Current Principal Place of Business:

2601 NW 72 ST.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

PO BOX 5616
MIAMI LAKES, FL 330141616

New Mailing Address:

FEI Number: 65-1033334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, JAMES S ESQ.
1641 NW 63RD AVENUE
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRUBAKER, DALE S
Address: 475 E. 10TH ST.
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: BRUBAKER, DENNIS R
Address: 475 E. 10TH ST.
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRUBAKER, DALE S
Address: 19700 W OAKMONT DR
City-St-Zip: HIALEAH, FL 33015 US

Title: D (X) Change () Addition
Name: BRUBAKER, DENNIS R
Address: 19700 W OAKMONT DR
City-St-Zip: HIALEAH, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DS BRUBAKER

Electronic Signature of Signing Officer or Director

PRES

05/04/2005

Date