

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000112348

1. Entity Name
PROFESSIONAL SEARCH GROUP, INC.



Principal Place of Business

1440 CORAL RIDGE DR., #263
CORAL SPRINGS, FL ~~33017~~

33071

Mailing Address

1440 CORAL RIDGE DR., #263
CORAL SPRINGS, FL ~~33017~~

33071

DO NOT WRITE IN THIS SPACE

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90027 009 ***150.00

JYUW1000



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1059416

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, LINDA J
1440 CORAL RIDGE DR., #263
CORAL SPRINGS, FL ~~33017~~

33071

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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 *Linda Levy*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

1/4/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVY, LINDA
STREET ADDRESS	10739 NW 18 CT
CITY- ST- ZIP	CORAL SPRINGS, FL 33071
TITLE	S
NAME	LEVY, ERIC
STREET ADDRESS	10739 NW 18 CT
CITY- ST- ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

1/4/04

954
214-5233