


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000006752	
1. Entity Name PREFERRED CLIENT SERVICES, INC.	

Principal Place of Business 5136 51ST WAY W PALM BCH, FL 33409	Mailing Address 5136 51ST WAY W PALM BCH, FL 33409
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1070214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REYNAUD, SHARON 5136 51ST WAY W PALM BCH, FL 33409

DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST REYNAUD, SHARON 5136 51ST WAY W PALM BCH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAPPAPORT, JUDIE 15780 HAYNIE LANE JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/19/04-80032-007 150.00

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)(f), 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: <u>Sharon Reynaud</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	SHARON REYNAUD PRESIDENT	2/16/04	561-6890446
		Date	Daytime Phone #