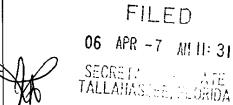
2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000108378 PUBLIC AFFAIRS SERVICES, INC. Mailing Address Principal Place of Business 4601 SHERIDAN STREET, STE 401 HOLLYWOOD, FL 33021 4601 SHERIDAN STREET, STE 401 HOLLYWOOD, FL 33021

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





1/13/16

521-372-123Y

					I ANGLINEN IN UNITED INTELLIBRATION SOLD STORY SELECTION STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST			
DO NOT WRITE IN THIS SPAC				01102006 4. FEI Numbe 65-115		CR2E034 (1	Applied For Not Applicable	
				5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent								
DAGEN, SHELDON 4601 SHERIDAN STREET, STE 401 HOLLYWOOD, FL 33021			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (einstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan- Trust Fund Contribution.				5.00 May Be ided to Fees				
10.	OFFICERS AND DIREC	CTORS			<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRAGG, OTIS O III 1000 BRICKELL AVE STE 400 MIAMI, FL 33131			سا اشد	·	, r - r - r - r - r - r - r - r - r - r		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASAS, RAMON F 1000 BRICKELL AVE STE 400 MIAMI, FL 33131			04/287	100727 /0601035	004 **	350.00 -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SI	PACE	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME 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 cath; 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.								