


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90054 007 ***150.00

DOCUMENT # P01000109667 1. Entity Name PREMIER SCANNING SERVICES, INC.					
Principal Place of Business 7700 W. 24TH AVE., SUITE #13 HIALEAH, FL 33016			Mailing Address 7700 W. 24TH AVE., SUITE #13 HIALEAH, FL 33016		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1154167	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, NELSA 2485 N 76 ST HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2861 LEONARD DR. F109 City AVENTURA FL Zip Code 33160	
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 <u><i>Nelsa Garcia</i></u> DATE <u><i>April 10, 2005</i></u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, NELSA 2485 W. 76 ST. APT. #209 HIALEAH, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2861 LEONARD DR. # F109 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GARCIA, NELSON 2485 W. 76 ST. APT. #209 HIALEAH, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	320 GEORGINA WAY PINEY CREEK, NC 28663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZAGLES, SYLVIA 6330 PENT PLACE MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Nelsa Garcia</i></u> <u><i>April 10, 2005</i></u> <u><i>305-825-3424</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					