

2007 FOR PROFIT-CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000012260

1. Entity Name
3 P'S III, INC.



FILED

07 FEB 28 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O NICOLAS FERNANDEZ PA
10502 NW 134 ST
HIALEAH GARDENS, FL 33018

Mailing Address
C/O NICOLAS FERNANDEZ PA
10502 NW 134 ST
HIALEAH GARDENS, FL 33018

2. Principal Place of Business - No P.O. Box #
10 NW Le Jeune Road
Suite, Apt. #, etc.
Suite 500

3. Mailing Address
10 NW Le Jeune Road
Suite, Apt. #, etc.
Suite 500

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33126

Country
Dade

Zip
33126

Country
Dade

02012007 Chg-P CR2E034 (12/06)

4. FEI Number
02-0556590

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
10502 NW 134 ST.
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name
Esquire Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
10 NW Le Jeune Road
Suite 500

City
Miami

FL

Zip Code
33126

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 reinstating)

DATE

2/7/07.

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

300091009563

03/06/07--01009--020 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPS
POU, GABRIEL A
12650 NW S RIVER DR
MEDLEY, FL 33178

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 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 #

2-23-07

305-461-0404