

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000013620

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



FILED

2007 MAR -5 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O NICHOLAS FERNANDEZ, P.A.  
10502 NW 134 ST  
HIALEAH GARDENS, FL 33018

Mailing Address  
C/O NICHOLAS FERNANDEZ, P.A.  
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  
City & State  
Miami, Florida  
Zip  
33126  
Country  
Dade

3. Mailing Address  
10 NW Le Jeune Road  
Suite, Apt. #, etc.  
Suite 500  
City & State  
Miami, Florida  
Zip  
33126  
Country  
Dade

02012007 Chg-P CR2E034 (12/06)

4. FEI Number  
04-3633401  
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, 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]* *2/7/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

000093715190  
03/19/07--01020--021 \*\*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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> 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"/> 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-23-07* *205-461-0404*