


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000032303	
1. Entity Name PAH PROFESSIONAL SERVICES, INC.	

Principal Place of Business 7509 NW 70TH TERRACE TAMARAC, FL 33321	Mailing Address 7509 NW 70TH TERRACE TAMARAC, FL 33321
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05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3630126	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAMILTON, ANNMARIE 7509 NW 70TH TERRACE TAMARAC, FL 33321

**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 reinstating)) **DATE** _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, PAUL D 7509 NW 70TH TERRACE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HAMILTON, ANNMARIE A 7509 NW 70TH TERRACE TAMARAC, FL 33321
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05/25/07-80060-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Paul D Hamilton* **5/2/2007** **(954) 721-7343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #