FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90160 001 *****8.75
05-16-2007 90160 002 ***150.00

DOCUMENT # P02000184459

1. Entity Name
PM TALENT, INC

DO NOT WRITE IN THIS SPACE

66015186

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2. Principal Place of Business	3. Mailing Address
8815 Conroy Windermere Rd	8815 Conroy Windermere Rd
Suite, Apt. #, etc.: 110	Suite, Apt. #, etc.: 110
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32835 Country: USA	Zip: 32835 Country: USA

4. FEI Number: 06-1655855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Piedra, Aurelio A

Street Address (P.O. Box Number is Not Acceptable): 9100 South Deland Blvd, Suite 912
One Batran Center

City: Miami FL Zip Code: 33156

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Pedro Michelena
STREET ADDRESS	8815 Conroy Windermere Rd
CITY-ST-ZIP	Suite 110, Orlando, FL 32835

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/02)