FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Sep 02, 2008 8:00 am
Secretary of State
06-17-2008 90001 009 ***150.00
09-02-2008 90034 001 ***400.00
09-02-2008 90034 002 *****8.75

DOCUMENT # P02000118459

1. Entity Name

PM Talent, Inc.

DO NOT WRITE IN THIS SPACE

66016200

DO NOT WRITE IN THIS SPACE

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 County USA	Zip 32835 County USA

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Pedro Michelena

Street Address (P.O. Box Number is Not Acceptable): 8815 Conroy Windermere Rd Suite 110.

City: Orlando FL Zip Code: 32835

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

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 NAME STREET ADDRESS CITY-ST-ZIP	Pedro Michelena 8815 Conroy Windermere Rd suite 110. Orlando, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 all other like empowered.

SIGNATURE: _____ 05/25/08

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR