



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90774 031 \*\*\*150.00

<b>DOCUMENT # P03000025959</b> 1. Entity Name <b>PAH SERVICES, INC.</b>					
Principal Place of Business 6140 SW 16TH ST. POMPANO BEACH, FL 33068				Mailing Address 6140 SW 16TH ST. POMPANO BEACH, FL 33068	
2. Principal Place of Business 6140 S.W 16ST Suite, Apt. #, etc. POMP BEACH FL		3. Mailing Address 6140 S.W 16ST Suite, Apt. #, etc.			
City & State POMP BEACH FL		City & State POMP BEACH FL		4. FEI Number <b>45-0504534</b>	
Zip <b>33068</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BESWICK, BERTHA</b> <b>6140 SW 16TH ST.</b> <b>POMPANO BEACH, FL 33068</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u>Bertha Beswick</u> DATE: <u>4/26/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESWICK, ROBERT 6140 SW 16TH ST. POMPANO BEACH, FL 33068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u>Bertha Beswick</u> DATE: <u>4/26/04</u> DAYTIME PHONE: <u>(954) 914-8925</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		