FILED Jul 08, 2004 8:00 am Secretary of State

J. Entity Name						05-21-2004 90003 029 ***150.00				
PREMIER	RE CONCIERGE SERVICE	ES BY ANGELA, INC.								
Principal Place	e of Business	Mailing Address		HIT	_					
6860 CULTP	ORT BLVD. SOUTH, #291 URG, FL. 33707	6860 GULFPORT BLVD. SOUTH, #291 St. Petersburg, FL 33707			66429541					
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05012004	Chg-P	CR2E034	۔۔۔۔ (10/03)	•	
City & State		City & State		4. FEI Numbe	57-116	0797		plied For t Applicable		
Zip Country		Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required			litional		
	8. Name and Address of Curren	nt Registered Agent .		Name	7. Name and	Address of New R		<u> </u>	<u> </u>	
ATHERTON, ANGELA										
	FPORT BLVD. SOUTH, #291 RSBURG. FL 33707	<u> </u>	Street Addres			(P.O. Box Number is Not Acceptable)				
	<u> </u>							_		
	A			City			FL	Zip Code	3	
5. The above	named entity submits this statement tions of religies ed agent.	for the purpose of changing its	register	ed office or registe	ered agent, or bot	h, in the State of Fi	orida. I am far	miliar with,	and accept	
na conta	DOTE OF THE STEP O	A.4 · X	Hh	o cton		41271	nel			
SIGNATURE.	Signature, typed or protect name digregistated at	ars and the if applicable. (NOTE	Registera	d Agent sometime require	oci selamo rastatata (C)	11-01	DATE	·		
	1 ()				1					
	LE NOWN FEB-16 \$150.00 ue by September 8, 2004	9. Election Campaig Trust Fund Contri			0.00 May Be ded to Fees	In accordance v corporation did	not receive t	the prior r	ictice.	
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF			·····	
NAME	ATHERTON, ANGELA	Deleta	TITE.	1				Change	Addition	
STREET ADDRESS CITY-ST-2P	6860 GULFPORT BLVD. SOU ST. PETERSBURG, FL 33707	•		eet adoress 1-st-zip						
TITLE	N. I	☐ Delete	πn	E			(Change	Addition	
NAME STREET ADDRESS			KOM		•					
CTY-ST-ZP	1			ET ADORESS '-ST-72P	;	<u>.</u>				
TITLE				Ę		<u> </u>		Change	Addition	
NAME STREET ADDRESS	1		NAN	ET ADDRESS	:				•	
CTY-ST-ZP				-ST-ZP						
TITLE		☐ Delete	ħΠL	- 1			- 1	Change	☐ Addition	
STREET ADDRESS	 	نيود بينيدر ساعد السابعات الدارات الدارات	- IONA	ET ADDRESS			1			
DITY-ST-ZIP	1			-ST-ZP						
TITLE		□ Oelete	TITL	· [<u> </u>	[Change	Addition	
NAME STREET ADORESS	1		NAU	EET ACCORESS						
CITY-ST-ZIP				-ST-ZP	1					
TITLE		. Delete	πn	1				Change	Addition	
NAME STREET ADDRESS			STRE	ET ADORESS	,					
CITY-ST-20		, . ·		-ST-ZIP						
12. I hereby indicated of the co- changed	certify that the information aupolised videon this report or suppliemental report poration or the receiver or trustee en , or on an attachment with subsectives	with this filling does not qualify for it is true and accurate and that in repowered to execute this report is, with the other time empowered.	the exe y signs	emption stated in Stated in State shall have the lired by Chapter 60	Section 119.07(3)(e same legal effec 07, Florida Statute	i), Florida Statutes. if as if made under s; and that my nam	i further certif ceth; that i arr e appears in i	y that the li 1 an officer Block 10 o	nformation or director r Block 11 if	
SIGNAT	TURE: SOMETURE AND TYPED	SE PRINTED HAME OF BROWNS OFFICER	OR DIREC	поя	<u>_</u>	2/1/04	1)-1-30	<u>3-200</u>	
										