

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046732

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PROVIDENTIAL SERVICE NETWORK INC.

## Current Principal Place of Business:

940 NW 133 STREET  
NORTH MIAMI, FL 33168 US

## New Principal Place of Business:

5921 WASHINGTON STREET  
APT #122  
HOLLYWOOD, FL 33023 US

## Current Mailing Address:

PO BOX 4293  
HALLANDALE, FL 33008 US

## New Mailing Address:

FEI Number: 43-2014821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAISE, ALIX  
940 NW 133 STREET  
NORTH MIAMI, FL 33168 US

## Name and Address of New Registered Agent:

BLAISE, ALIX  
5921 WASHINGTON STREET  
APT # 122  
HOLLYWOOD, FL 33023 US

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.

SIGNATURE: ALIX BLAISE

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLAISE, ALIX  
Address: 940 NW 133 STREET  
City-St-Zip: NORTH MIAMI, FL 33168

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BLAISE, ALIX  
Address: 5921 WASHINGTON STREET #122  
City-St-Zip: HOLLYWOOD, FL 33023

Title: S ( ) Change (X) Addition  
Name: BLAISE, ROSE C  
Address: 5921 WASHINGTON STREET #122  
City-St-Zip: HOLLYWOOD, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIX BLAISE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date