2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2007 08:00 A Secretary of State DOCUMENT # P03000071224 1. Entity Name P&S PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 560-566 NW 29TH STREET 560-566 NW 29TH STREET MIAMI FL 33127 **MIAMI FL 33127** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 83-0395350 Not Applicable Country Zip Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo YANG, SUSAN Street Address (P.O. Box Number is Not Acceptable) 560-566 NW 29TH STREET MIAMI FL 33127 Zip Code FL 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 Signiture, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PSTD ☐ Change ☐ Add tion HHE LITTE ☐ Defete U00000668034 YANG, SUSAN NAM NAME 03/27/07-80014-009 150.00 560-566 NW 29TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33127** CITY-SI-ZIP CUY-SI-7IP Change ☐ Delete HTH ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Ctrange Addition NAME STREET ADDRESS STREET ADDRESS CITY+SI-7IP CITY-S1-7IP TIME ☐ Delete THE Change Addition NAME NAME STREEL FADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE [] Change Addition NAMI ΝΑΜΓ STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Change Addition HIRE ☐ Delete TITLE NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-S1-7IP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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FILED