

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
May 08, 2006 8:00 am
Secretary of State

04-18-2006 90076 026 ***100.00

05-08-2006 90307 024 ****50.00

DOCUMENT # P03000103705

1. Entity Name
PROFESSIONAL PAYROLL SERVICES CORPORATION



Principal Place of Business

701 S.W. 27TH AVENUE
SUITE 606
MIAMI, FL 33135

Mailing Address

701 S.W. 27TH AVENUE
SUITE 606
MIAMI, FL 33135

50019453



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0269378

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VIDAL, FERNANDO
701 S.W. 27TH AVENUE
SUITE 606
MIAMI, FL 33135

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	VIDAL, FERNANDO
STREET ADDRESS	701 S.W. 27TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33135
TITLE	VS
NAME	VIDAL, MAYRA
STREET ADDRESS	701 S.W. 27TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33135
TITLE	T
NAME	GARRIDO, GUSTAVO
STREET ADDRESS	6055 SW 29TH STREET
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000486974
04/13/06 90076 023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

Gustavo Garrido
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #