

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**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



03302007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

UD00000733699  
05/09/07-80094-022 150.00

**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	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #