2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/12

FILED
Jun 04, 2004 8:00 am
Secretary of State
05-12-2004 90206 009 ***150.00

DOCUMENT # P03000129118

1. Entity Name
PERSONAL SERVICES BROKERS, INC.

66426396

Principal Place of Business	Mailing Address
330 CAMBRIDGE DR. WESTON, FL 33326	330 CAMBRIDGE DR. WESTON, FL 33326

04242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4024 PEPPERTREE DR		4024 PEPPERTREE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WESTON, FL		City & State: WESTON	
Zip: 33332	Country: USA	Zip: FL	Country: 33332

4. FEI Number 20-0380426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATEU, JOSE R 330 CAMBRIDGE DR. WESTON, FL 33326	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MATEAU, JOSE R 330 CAMBRIDGE DR. WESTON, FL 33326	☒ Delete	PTD MATEU, JOSE R. 4024 PEPPERTREE DR WESTON, FL 33332	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MATEAU, JOSE R 330 CAMBRIDGE DR. WESTON, FL 33326	☒ Delete	SD MATEU, JOSEPINA 4024 PEPPERTREE DR WESTON, FL 33332	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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] JOSE R. MATEU 5/10/04 (954) 5546391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #