

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 02, 2005 8:00 am  
Secretary of State**

05-02-2005 90436 036 \*\*\*150.00

DOCUMENT # P03000129118		
1. Entity Name PERSONAL SERVICES BROKERS, INC.		

Principal Place of Business 4024 PEPPERTREE DR WESTON, FL 33332	Mailing Address 4024 PEPPERTREE DR WESTON, FL 33332
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2. Principal Place of Business <b>318 INDIAN TRACE #217</b>	3. Mailing Address <b>318 INDIAN TRACE #217</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>WESTON, FL</b>	City & State <b>WESTON, FL</b>
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Zip <b>33326</b>	Country <b>USA</b>	Zip <b>33326</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent  MATEU, JOSE R 330 CAMBRIDGE DR. WESTON, FL 33326	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>318 INDIAN TRACE #217</b>
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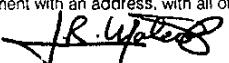
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when translating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST-ZIP	PTD MATEU, JOSE R 4024 PEPPERTREE DR WESTON, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATEAU, JOSE R 4024 PEPPERTREE DR WESTON, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.
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SIGNATURE: 	Jose R. Mateu-Pres.	04/21/05	854-3891287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #