2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90553 032 ***150.00

DOCUMENT # P03000131837

1. Entity Name
PS GLOBAL CONSTRUCTION INC.

Principal Place of Business	Mailing Address
745 N.W. 134 PL MIAMI, FL 33182	745 N.W. 134 PL MIAMI, FL 33182

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
9739 NW 49 TERR		9739 NW 49 TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Fl		City & State: Miami Fl	
Zip: 33178	Country: E.E.U.U.	Zip: 33178	Country: E.E.U.U.

4. FEI Number: 90-0121468 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SANGRONIS, HARLEVY A
745 N.W. 134 PLACE
MIAMI, FL 33182

7. Name and Address of New Registered Agent
Name: Sangronis Harlevy A.
Street Address (P.O. Box Number is Not Acceptable): 9739 NW 49 TERR
City: Miami FL Zip Code: 33178

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, 2005 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	P SANGRONIS, HARLEVY A 745 N.W. 134 PLACE MIAMI, FL 33182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Harlevy Sangronis 9739 NW 49 TERR Miami Fl 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Harlevy Sangronis 04/11/05 7863468960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #