

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

04-06-2006 90002 001 ***150.00

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03152006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000131837

1. Entity Name
PS GLOBAL CONSTRUCTION INC.



Principal Place of Business

**9739 NW 49 TERR
MIAMI, FL 33178**

Mailing Address

**9739 NW 49 TERR
MIAMI, FL 33178**

2. Principal Place of Business

5460 NW 107 AV

Suite, Apt. #, etc.

Suite 108

3. Mailing Address

5460 NW 107 AV

Suite, Apt. #, etc.

Suite 108

City & State

Doral, FL

City & State

Doral, FL

Zip

33178

Country

Zip

33178

Country

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
9739 NW 49 TERR
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

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

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 **P** ☐ Delete
NAME **SANGRONIS, HARLEVY A**
STREET ADDRESS **9739 NW 49 TERR**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SANGRONIS, HARLEVY**
STREET ADDRESS **5460 NW 107 AV Suite 108**
CITY-ST-ZIP **Doral FL 33178**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **YRENE PALACIOS**
STREET ADDRESS **5460 NW 107 AV Suite 108**
CITY-ST-ZIP **Doral FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Harlevy Sangronis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/06
Date

7963468960
Daytime Phone #