

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121668

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** PROFESSIONAL SERVICES MANAGEMENT, INC.

**Current Principal Place of Business:**

10625 SW 79 PL  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

5790 NW 7 STREET  
MIAMI, FL 33126

**New Mailing Address:**

10625 SW 79 PL  
MIAMI, FL 33156

**FEI Number:** 20-1530696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CISNERO-BLANCO, ANA  
10625 SW 79 PL  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** CISNERO-BLANCO, ANA  
**Address:** 5790 NW 7TH STREET  
**City-St-Zip:** MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** CISNERO-BLANCO, ANA  
**Address:** P. O. BOX 260992  
**City-St-Zip:** MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ANA CISNERO-BLANCO

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04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date