

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90016 039 ***150.00

DOCUMENT # P04000124744

1. Entity Name
P & S REAL SHINE SERVICES INC.



Principal Place of Business
**201 NE 43TH STREET
POMPAHO BEACH, FL 33064**

Mailing Address
**201 NE 43TH STREET
POMPAHO BEACH, FL 33064**

2. Principal Place of Business - No P.O. Box #
766 RICH DR.

Suite, Apt. #, etc.
202

3. Mailing Address
766 RICH DR.

Suite, Apt. #, etc.
202

City & State
DEERFIELD BEACH, FL

Zip
33441

Country
USA

City & State
DEERFIELD BEACH, FL

Zip
33441

Country
USA

04012008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1560549

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COELHO, SILVIA O
201 NE 43TH STREET
POMPAHO BEACH, FL 33064**

7. Name and Address of New Registered Agent

Name
COELHO, SILVIA O.

Street Address (P.O. Box Number is Not Acceptable)
766 RICH DR. # 202

City
DEERFIELD BEACH

FL Zip Code
33441

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 **Silvia O Coelho**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/01/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ Delete

NAME
COELHO, SILVIA O

STREET ADDRESS
201 NE 43TH STREET

CITY-ST-ZIP
POMPAHO BEACH, FL 33064

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS
766 RICH DR. # 202

CITY-ST-ZIP
DEERFIELD BEACH, FL 33441

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

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: **Silvia O Coelho**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/08

Date

Daytime Phone #