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2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2005-90506-025-\$150.00-\$150.00

DOCUMENT # PO 1. Entity Name P.S. CHICKS, INC.	4000131856		FILED 05 JUN 16 PM 3: 09
Principal Place of Business 7346 SOUTHWEST 57TH AVENUE MIAMI, FL 33143	Mailing Address 7346 SOUTHWEST STITE MIAMILE TO 33143	AVENUE	OS JUN 16 PM OS SECRETATION OF TALLAMASSEE, FLORIDA
Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address JU91 SW U Suite, Apt. #, etc.	ez 5+	02222005 Chg-P CR2E034 (10/03)
City & State	City & State WIAM	 FL	4. El Number 450915 Applied For Not Applied by
Zip Countr		con D49-6	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Add	ress of Current Registered Agent		7. Name and Address of New Registered Agent
VILLEGAS, MARIA 7346 SOUTHWEST 57TH AVENUE MIAMI, FL 33143		Name Street Address	(P.O. Box Number is Not Acceptable)
		City	FL Zip Code
8. The above named entity submitishis 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 WITH A VIII A V			
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME VILLEGAS, MARIA	☐ Delete A	ITTLE NAME	1491 SW 62 SF
STREET ADDRESS 7346 SOUTHWES CITY-ST-ZIP MIAMI, FL 33143	ST 57TH AVENUE	STREET ADDRESS CITY+ST+ZIP	Miami FL 33143
TITLE D	☐ De'eta	TITLE	☐ Change ☐ Addition
NAME HELLAM, EILLEEI STREEI ADDRESS 7346 SOUTHWES CITY-SI-ZIP MIAMI, FL 33143		NAME STREET ADDRESS CITY-ST-ZIP	
TIFLE	☐ Deleta	TITLE	☐ Change ☐ Addition
MAME STREET ADDRESS CITY-ST-7P		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME · -	☐ Oelete	TITLE NAME	Change Addition
STREET ADDRESS CITY-S1-ZIP		STREET ADDRESS CITY-SI-ZIP	
TITLE NAME	☐ Deleto	TITLE	Change 🗀 Addiktion
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CRTY-ST-ZIP	
I II LE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
12. I hereby cartify 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 certify that I am an officer or director of the corporation or the receiver of tristee 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: Sugardie After Prope Operatify Hales of Sugardie Operation of Dispersion of			