## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000084468

Address:

City-St-Zip:

12483 SW 9 ST

MIAMI, FL 33184

ntity Name: PRINCIPAL FINANCIAL SERVICES C

FILED Apr 29, 2009 Secretary of State

Entity Nai	me: PRINC	CIPAL FINANCIAL SERVICES C	ORP.			
Current Principal Place of Business:				New Principal Place of Business:		
9831 NW 5 SUITE 145 MIAMI, FL	5			12483 SW 9 ST MIAMI, FL 33184		
Current Mailing Address:				New Mailing Address:		
9831 NW 5 SUITE 145 MIAMI, FL	5			12483 SW 9 ST MIAMI, FL 33184		
FEI Number:	20-3964464	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LAVERDE, JULIO A 12483 SW 9 ST MIAMI, FL 33178 US				LAVERDE, JULIO A 12483 SW 9 ST MIAMI, FL 33184 US		
	named ent e of Florida.		purpose o	f changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/29/2009		
	Elect	ronic Signature of Registered Ag	gent		Date	
Election Car	npaign Finan	cing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P LAVERDE, 12483 SW : MIAMI, FL :	9 ST		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP LAVERDE, 12483 SW 9 MIAMI, FL	9 ST		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	CFO LAVERDE,	()Delete LUZ D		Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JULIO A LAVERDE VP 04/29/2009