## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNI

## Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P06000014346 1. Entity Name 04-09-2007 90042 016 \*\*\*150.00 ACTIVE PT SERVICES INC. Principal Place of Business Mailing Address 3115 S.W. 98 COURT 3115 S.W. 98 COURT MIAMI FL 33165 **MIAMI FL 33165** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-4197012 Not Applicable Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PORTES, LISETTE Street Address (P.O. Box Number is Not Acceptable) 3115 S.W. 98 COURT **MIAMI FL 33165** 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 Squature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD TIRE □ Delete 1111 ☐ Change Addition PORTES, LISETTE NAME NAME 3115 S.W. 98 COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP CITY - S1 - 7IP ☐ Defete TOLE DDD ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP HILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition HILE HILE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-ST-ZIP Delete THLE HILL Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST ZIP HILE ☐ Change Addition IIILE ☐ Deleie NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustoe 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.

FILED