

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029319

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: PERMITS & BUILDING SOLUTIONS, INC.

## Current Principal Place of Business:

6538 COLLINS AVENUE STE 424  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

6538 COLLINS AVENUE  
STE 424  
MIAMI BEACH, FL 33141

## Current Mailing Address:

6538 COLLINS AVENUE STE 424  
MIAMI BEACH, FL 33141

## New Mailing Address:

7528 BUCCANEER AVE  
NORTH BAY VILLAGE, FL 33141

FEI Number: 20-4407252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUAREZ, DALIA  
6885 ABBOTT AVENUE - APT 2  
MIAMI BEACH, FL 33141 US

## Name and Address of New Registered Agent:

SUAREZ, DALIA A  
7528 BUCCANEER AVE.  
NORTH BAY VILLAGE, FL 33141 US

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: DS

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SUAREZ, DALIA A  
Address: 6538 COLLINS AVENUE STE #424  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD (X) Delete  
Name: VALDES, BARBARA  
Address: 6538 COLLINS AVENUE STE #424  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD (X) Delete  
Name: CAVEDA, DAILANYS  
Address: 6538 COLLINS AVENUE STE #424  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DS

PD

02/13/2009

Electronic Signature of Signing Officer or Director

Date