

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043675

FILED
Apr 30, 2008
Secretary of State

Entity Name: PREMIERE BOOKKEEPING & OFFICE SERVICES CO.

Current Principal Place of Business:

6000 SW 153 CT RD
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

6000 SW 153 CT RD
MIAMI, FL 33193

New Mailing Address:

FEI Number: 20-4568517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIZ, EDICSA
6000 SW 153 CT RD
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELIZ, EDICSA
Address: 6000 SW 153 CT RD
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: FELIZ, EDICSA
Address: 6000 SW 153 CT RD
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: FELIZ, EDICSA
Address: 6000 SW 153 CT RD
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: DOMINGUEZ, EDILSA
Address: 8565 SW 152 AVENUE, SUITE 114
City-St-Zip: MIAMI, FL 33193

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:

Title: D (X) Change () Addition
Name: DOMINGUEZ, EDILSA
Address: 6000 SW 153 CT RD
City-St-Zip: MIAMI, FL 33193

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: EDICSA FELIZ

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date