


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90041 045 ***150.00

DOCUMENT # P06000100838 1. Entity Name CORPORATE PROJECT SERVICES, INC.			
Principal Place of Business 33370 NW 46TH AVENUE LAUDERDALE LAKES, FL 33319		Mailing Address 33370 NW 46TH AVENUE LAUDERDALE LAKES, FL 33319	
2. Principal Place of Business - No P.O. Box # 6201 N FALLS CIRCLE DR. Suite, Apt. #, etc. 206		3. Mailing Address 6201 N. FALLS CIRCLE DR Suite, Apt. #, etc. 206	
City & State LAUDERHILL, FL Zip 33319 Country USA		City & State LAUDERHILL, FL Zip 33319 Country USA	
4. FEI Number 74-3186097		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, ESTHER 33370 NW 46TH AVENUE LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent Name ESTHER LAMBERT Street Address (P.O. Box Number is Not Acceptable) 6201 N. FALLS CIRCLE DRIVE #206 City LAUDERHILL FL Zip Code 33319	
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 <i>[Signature]</i> DATE 4/10/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOL AMBERT, ESTHER 33370 NW 46TH AVENUE LAUDERDALE LAKES, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ESTHER LAMBERT 6201 N. FALLS CIRCLE DR #206 LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/10/07 <small>Date</small>	

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