

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90423 022 ***150.00

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03302007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000101293			
1. Entity Name PRIORITY LIFE SERVICES CORP.			
Principal Place of Business 707 SOUTH 19TH AVENUE UNI 6 HOLLYWOOD, FL 33020		Mailing Address 707 SOUTH 19TH AVENUE UNI 6 HOLLYWOOD, FL 33020	
2. Principal Place of Business - No P.O. Box # 680 N Dixie Hwy		3. Mailing Address 680 N Dixie Hwy	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33020	Country USA	Zip 33020	Country USA
4. FEI Number 20-5328850		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 SPIEGEL & UTREBA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Susana Biondini Street Address (P.O. Box Number is Not Acceptable) 680 N Dixie Hwy STE A City Hollywood FL Zip Code 33020	
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> Signature, typed or printed name of registered agent and title if applicable.		Susana Biondini 3/30/07 (NOTE: Registered Agent signature required when reinstating) DATE	
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	PSD BIONDINI, SUSANA I 707 SOUTH 19TH AVENUE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1628 N 15 Ave Hollywood FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FERNANDEZ, ALBERTO 707 SOUTH 19TH AVENUE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 680 N Dixie Hwy STE A Hollywood FL 33020
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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
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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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Susana Biondini 3/30/07 (305) 303-7169 Date Daytime Phone #	