## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000117725

Name:

Address:

City-St-Zip:

POWELL, JACQUELYNN

505 NW 177TH ST #128

MIAMI GARDENS, FL 33169 US

Entity Name: PERSONAL ATTENTION 2 DETAIL INC.

FILED Apr 14, 2009 Secretary of State

| •  |  |  |   |  |
|--|--|--|---|--|
| Current Principal Place of Business:         |  | New Principal Place of Bu                          | New Principal Place of Business:            |  |
| 280 NW 31 AVE<br>FT. LAUDERDALE, FL 33311 US |  | 10930 NW 14 AVE<br>A-46                            |   |  |
|  |  | MIAMI, FL 33167 US                                 |   |  |
| Current Mailing Address:                     |  | New Mailing Address:                               | New Mailing Address:                        |  |
| 280 NW 3 <sup>-</sup><br>FT. LAUDI           | 1 AVE<br>ERDALE, FL 33311 US   | 10930 NW 14 AVE<br>A-46<br>MIAMI, FL 33167 US      |   |  |
| FEI Number                                   | : 35-1529274 FEI Number Applied For()  | FEI Number Not Applicable ( )                      | ertificate of Status Desired ( )            |  |
| Name and                                     | Address of Current Registered Agent:   | Name and Address of Nev                            | Name and Address of New Registered Agent:   |  |
| The above                                    | RDEN, FL 33169 US  named entity submits this statement for the e of Florida.  RE:      | purpose of changing its registered office          | ce or registered agent, or both,            |  |
|  | Electronic Signature of Registered A   | gent   | Date  |  |
| Election Car                                 | mpaign Financing Trust Fund Contribution ( ).  |  |   |  |
| OFFICER                                      | S AND DIRECTORS:   | ADDITIONS/CHANGES TO                               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | P/D ( ) Delete<br>HARRIS, WILLIE<br>505 NW 177TH ST #128<br>MIAMI GARDENS, FL 33169 US | Title: ( ) Cl<br>Name:<br>Address:<br>City-St-Zip: | nange()Addition                             |  |
| Title:<br>Name:                              | VP/T ( ) Delete<br>HARRIS, WILLIE  | Title: ( ) Cl<br>Name:                             | nange ( ) Addition                          |  |
| Address:<br>City-St-Zip:                     | 505 NW 177TH ST #128<br>MIAMI GARDENS, FL 33169 US                                     | Address:<br>City-St-Zip:                           |   |  |
| Title:                                       | S () Delete  | Title: ( ) Cl                                      | nange ( ) Addition                          |  |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIEHARRIS OWNE 04/14/2009