2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P06000129618 1. Entity Name M & Y PROFESSIONAL SERVICE CORP. | | | | | FILED 07 HAY -2 PM 2: 50 | | |) |
|---|--|--|--------------------|-------------------------|-----------------------------|--------------------|------------------------------------|---------------------------|
| | The state of the s | | Į | SECRE | TARY OF STATE | | | |
| Principal Place of Business 4150 NW 7TH ST STE 201 MIAMI, FL 33126 | | Mailing Address 4150 NW 7TH ST STE 201 MIAMI, FL 33126 | | ļ | | TALLAH | TARY OF STATI LASSEE, FLORII |)A |
| 2 Principal Place of Pur | 3. Mailing Address | | | | | | | |
| Principal Place of Business - No P.O. Box # | | | | | | 10 BUH BAM BAM BAH | II #BIO HUIN LDIIF UIIBI IJABI IOI | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 05012007 | Chg-P | CR2E034 (12/06) | OI |
| City & State | | City & State | | | 4. FEI Number | | <u> </u> | plied For t Applicable |
| Zip | Country | Zip | Coun | | 5. Certificate of | Status Desired | \$8.75 Add | |
| 6. Nam | Registered Agent | Istered Agent Name | | 7. Name and Ac | dress of New R | egistered Agent | - | |
| MILANES, YISSEL A 4150 NW 7 STREET SUITE 201 | | | | | P.O. Box Number is | s Not Acceptable | *) | |
| MIAMI, FL 33126 | | | <u> </u> | | | | | |
| | | | City | | | FL Zip Code | | |
| 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 Signature, typed or protect name of registered agent and trile it applicable. (NOTE: Registered Agent agriculture required when renesating) DATE , | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing 45.00 May Be 500102233076 Trust Fund Contribution. 0 Added to Fees 05 714/0701003010 **150.00 | | | | | | | | |
| } | | | 11. | | ADDITIONS/CF | IANGES TO OFF | ICERS AND DIRECTORS | |
| TITLE P Delete NAME MILANES, YISSEL STREET ADDRESS 4150 NW 7 STREET, SUITE 201 | | | ITIL MAM ERS | | | | Change | ■ Addition |
| CITY-ST-ZIP MIAMI, FL 33126 | | | ÇITA | (-ST-ZIP | | | | |
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| NAME STREET ADDRESS | | | | eet adoress | | | | |
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| NAME | | | | Æ Í | | | C1 cumido | |
| STREET ADDRESS CITY-ST-ZIP | | | | eet address (-St-Zip | | | | i |
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| TITLE TITLE | Delete IIILE | | | E | · | | ☐ Change | Addition |
| NAME | | | | AE EET ADORESS | | | | |
| City-ST-ZIP City | | | | r-ST-ZIP | | | | <u></u> |
| 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 31 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | |
| SIGNATURE: | | | | | | | | |
| | SIGNATURE AND TOPED OR | PRINTED NAME OF SIGNING OFFICER | OR DIREC | TOR | | Date | Daytme Phone # | |