2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# P07000030821

Entity Name: PROFESSIONAL HOME SERVICES OF BROWARD, INC.

Current Principal Place of Business:

11820 MIRAMAR PARKWAY
#202
MIRAMAR, FL 33025

New Principal Place of Business:

12741 MIRAMAR PARKWAY
#206
MIRAMAR, FL 33027

Current Mailing Address:

11820 MIRAMAR PARKWAY
#202
MIRAMAR, FL 33025

New Mailing Address:

12741 MIRAMAR PARKWAY
#206
MIRAMAR, FL 33027

FEI Number: 26-0179446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRILLO, REBECA
11820 MIRAMAR PARKWAY
#202
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

GRILLO, REBECA
12741 MIRAMAR PARKWAY
#206
MIRAMAR, FL 33027 US

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: _____ 03/09/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRILLO, REBECA
Address: 11820 MIRAMAR PARKWAY SUITE #202
City-St-Zip: MIRAMAR, FL 33025

Title: V ( ) Delete
Name: GRILLO, MIGUEL
Address: 11820 MIRAMAR PARKWAY SUITE #202
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRILLO, REBECA
Address: 12741 MIRAMAR PARKWAY #206
City-St-Zip: MIRAMAR, FL 33027

Title: V (X) Change ( ) Addition
Name: GRILLO, MIGUEL
Address: 12741 MIRAMAR PARKWAY #206
City-St-Zip: MIRAMAR, FL 33027

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: REBECA N. GRILLO, RN, BSN MRS. 03/09/2009
Electronic Signature of Signing Officer or Director — Date