

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019881

FILED
Sep 24, 2009
Secretary of State

Entity Name: FLORIDA PREMIER MANAGEMENT SERVICES INC

Current Principal Place of Business:

259 SE 3RD TERRACE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

259 SE 3RD TERRACE
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 26-2037598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPE COD MANAGEMENT SVC INC
314 NE 27TH STREET
WILTON MANORS, FL 33334 US

Name and Address of New Registered Agent:

OLSEN, CRAIG
259 SE 3RD TER
POMPANO BEACH, FL 33060 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: CRAIG OLSEN

09/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLSEN, CRAIG
Address: 259 SE 3RD TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP () Delete
Name: TEBOUL-OLSEN, SANDRA
Address: 259 SE 3RD TERRACE
City-St-Zip: POMPANO BEACH, FL 33060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG OLSEN

P

09/24/2009

Electronic Signature of Signing Officer or Director

Date