

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000086352

FILED
Dec 09, 2009
Secretary of State

Entity Name: PRO SERVICES PROPERTY MANAGEMENT INC

Current Principal Place of Business:

23135 RAINBOW ROAD
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

23135 RAINBOW ROAD
BOCA RATON, FL 33428 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BERTRAND, JUSTIN
23135 RAINBOW ROAD
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TWILLER, IKE
Address: 3089 OAKVIEW ROAD
City-St-Zip: TAMPA, FL 33605 US

Title: P () Delete
Name: BERTRAND, JUSTIN
Address: 23135 RAINBOW ROAD
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: GRUSTINER, JOSEPH
Address: 22751 N BAY CIRCLE
City-St-Zip: BOCA RATON, FL 33428 US

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: IKE TWILLER

D

12/09/2009

Electronic Signature of Signing Officer or Director

Date