

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000046207

Entity Name: PSM CONSULTANT, INC.

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16127 KEALAN CIRCLE  
MONTVERDE, FL 34756

**New Principal Place of Business:**

**Current Mailing Address:**

16127 KEALAN CIRCLE  
MONTVERDE, FL 34756

**New Mailing Address:**

FEI Number: 27-0254301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORALES, STEPHANIE M  
16127 KEALAN CIRCLE  
MONTVERDE, FL 34756 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: DPST  
Name: MORALES, STEPHANIE  
Address: 16127 KEALAN CIRCLE  
City-St-Zip: MONTVERDE, FL 34756

Title: DP  
Name: SIERRA, PILAR  
Address: 16127 KEALAN CIRCLE  
City-St-Zip: MONTVERDE, FL 34756

I hereby 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 all other like empowered.

SIGNATURE: S MORALES

D

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date