2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023288

Name:

Address:

City-St-Zip:

Entity Name: PROPERTY SERVICES INTERNATIONAL, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	6TH PLACE				RADO BLVD		
STE S3 CAPE COI	RAL, FL 33904	US		STE 102 CAPE COR	RAL. FL 33990	US	
	ailing Address	 S:			ng Address:		
	_				_		
4414 SE 11 STE S3	6TH PLACE			413 DEL P STE 102	RADO BLVD		
	RAL, FL 33904	US			RAL, FL 33990	US	
FEI Number:	: 65-0391261	FEI Number Applied For () FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	JACK E 19 STREET RAL, FL 33914	US					
in the State	e of Florida.	ubmits this statement fo	r the purpose o	of changing i	ts registered offi	ice or registered agent, or both,	
SIGNATU							
	Electroni	c Signature of Registere	ed Agent			Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () I DALTON, GWEN 1225 SW 49 STF CAPE CORAL, F	REET		Title: Name: Address: City-St-Zip:	() C	Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () DALTON, JACK 1225 SW 49 STF CAPE CORAL, F	REET		Title: Name: Address: City-St-Zip:	() C	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () ANDREWS, SHA 2407 SW 53RD CAPE CORAL, F	TERR		Title: Name: Address: City-St-Zip:	() C	Change () Addition	
Title:	()	Delete		Title:	SEC ()C	Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

BRIMM, CYNTHIA D

2035 NW 5TH STREET

CAPE CORAL, FL 33993

SIGNATURE: GWENDOLYN G. DALTON PD 04/23/2009