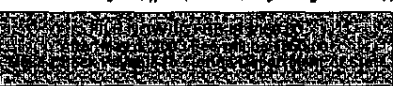


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90351 036 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000033373		
1. Entity Name P.S. INVESTIGATORS, INC.		
Principal Place of Business 4999 W 8 AVE SUITE #7 MIAMI, FL 33012		Mailing Address P.O. BOX 4534 MIAMI LAKES, FL 33014
2. Principal Place of Business 4999 W 8 Ave Suite #7 MIAMI, FL		3. Mailing Address P.O. Box 4534 Suite, Apt. #, etc. MIAMI LAKES, FL
City & State MIAMI, FL		City & State MIAMI LAKES, FL
Zip 33012		Zip 33014
Country USA		Country USA
4. Name and Address of Current Registered Agent DEL RIO, ESTHER 119 S.W. 27TH AVE. MIAMI, FL 33136		5. Certificate of Status Desired ☒ 65-0580897 ☐ \$8.75 Additional Fee Required
6. Name and Address of New Registered Agent DEL RIO, ESTHER 119 S.W. 27TH AVE. MIAMI, FL 33136		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBD DEL RIO, ESTHER 1215 W 72 ST MIAMI, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/18/03 Office Phone: 305-557-3269

90098015



☐ CHECK HERE IF MAKING CHANGES

CPRE004 (10/02)