

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000065761

1. Entity Name
PRIORITY LIVING SYSTEMS, INC.



Principal Place of Business
9325 NE 6TH AVE, SUITE C
MIAMI SHORES, FL 33138 US

Mailing Address
9325 NE 6TH AVE, SUITE C
MIAMI SHORES, FL 33138 US

FILED
Apr 25, 2005 08:00 AM
Secretary of State



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0505585

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BASS, MANDY
P.O. BOX 531067
MIAMI SHORES, FL 33153

DO NOT WRITE
IN THIS SPACE

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000327479
04/25/05-80033-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BASS, MANDY
9325 NE 6 AVE, SUITE C
MIAMI SHORES, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mandy Bass

Date

4/21/05

Daytime Phone #

305 754 2127