

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90055 043 \*\*\*150.00

4/1

**DOCUMENT # P96000028826**

1. Entity Name  
**PALM BEACH BUILDING SERVICES, INC.**



Principal Place of Business

**C/O DAVID KAMENSTEIN  
PO BOX 2208  
PALM BEACH, FL 33480**

Mailing Address

**C/O DAVID KAMENSTEIN  
PO BOX 2208  
PALM BEACH, FL 33480**

**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0670958**

Applied  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAMENSTEIN, DAVID  
273 TANGIER AVE  
PALM BEACH, FL 33480**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KAMENSTEIN, TRACY  
PO BOX 2208  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
KAMENSTEIN, SLOAN  
PO BOX 2208  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KAMENSTEIN, DAVID  
PO BOX 2208  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
KAMENSTEIN, CAROL  
PO BOX 2208  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *David Kamenstein Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/07*  
Date

*861-837-6566*  
Daytime Phone #