

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000087710

1. Entity Name  
PSB INTERNATIONAL, INC.



FILED

06 SEP 19 PH 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5880 COLLINS AVE.  
#1204  
MIAMI BEACH, FL 33140

Mailing Address  
700 E DANIA BEACH BLVD  
DANIA, FL 33004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09112006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0702053

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIVIES, PATRICK  
700 E DANIA BEACH BLVD, #3202  
DANIA, FL 33004

Name

Street Address (P.O. Box Number is Not Acceptable)

300080026663

City

09/21/06--01023--0FL \$246.00

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  
Due by September 15, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVD	<input checked="" type="checkbox"/> Delete
NAME	ERARD, PATRICK	
STREET ADDRESS	2 RUE MEYERBEER	
CITY-ST-ZIP	NICE, FR 06000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ERARD, SIMINE	
STREET ADDRESS	2 RUE MEYERBEER	
CITY-ST-ZIP	NICE, FR 06000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBBY ERARD	
STREET ADDRESS	2 RUE MEYERBEER	
CITY-ST-ZIP	NICE FR 0600	
TITLE	ST P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERARD, SIMINE	
STREET ADDRESS	2 RUE MEYERBEER	
CITY-ST-ZIP	NICE FL 06000	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/15/2006

20 9/20