

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90310 029 ***150.00

DOCUMENT # P96000095433 1. Entity Name P.M.S. A/C, INC.			
Principal Place of Business 3575 BROKEN WOODS DR #503 CORAL SPRINGS FL 33065		Mailing Address P O BOX 8101 CORAL SPRINGS FL 33075	
2. Principal Place of Business 5301 NW 37TH AVE		3. Mailing Address 	
Suite, Apt. #, etc. BA4 # 429		Suite, Apt. #, etc. 	
City & State TAMARAC, FL.		City & State 	
Zip 33309	Country U.S.A.	Zip 	Country
6. Name and Address of Current Registered Agent FAJARDO, JORGE 10926 WINDING CREEK WAY BOCA RATON FL 33428		7. Name and Address of New Registered Agent Name JORGE FAJARDO Street Address (P.O. Box Number is Not Acceptable) 3342 NW 36 AVE City COCONUT CREEK FL Zip Code 33066	
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 <u><i>George Fajardo</i></u> PRESIDENT 4-16-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAJARDO, JORGE 10926 WINDING CREEK WAY BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3342 NW 36 AVE COCONUT CREEK, FL. 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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1st MOORE CR2E034 (10/04)

4. FEI Number **65-0717810** Applied For ☐ Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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 like empowered.

SIGNATURE: *George Fajardo* **- PRESIDENT -** 4-16-05 954 709-3595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #