

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90285 019 \*\*\*150.00

**60027908**



03312006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P97000029083</b> 1. Entity Name <b>P.B. COMPLETE LUXURY PROPERTY SERVICES, INC.</b>					
Principal Place of Business <b>11360 FORTUNE CIRCLE. STE. E-1 WEST PALM BEACH, FL 33414</b>			Mailing Address <b>11360 FORTUNE CIRCLE. STE. E-1 WEST PALM BEACH, FL 33414</b>		
2. Principal Place of Business <b>220 Pleasant Wood Dr.</b>		3. Mailing Address <b>220 Pleasant Wood Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Wellington, Fl</b>		City & State <b>Wellington, Fl</b>		4. FEI Number <b>65-0755812</b>	
Zip <b>33414</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33414</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HETZEL, PATRICIA S 11360 FORUTNE CIR. STE. E-1 WEST PALM BEACH, FL 33414</b>			7. Name and Address of New Registered Agent  Name <b>Hetzel, Patricia S.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>220 Pleasant Wood Dr.</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b>		
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>Patricia Hetzel</i></u> <b>Patricia Hetzel</b> <i>President</i> <b>4-10-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>HETZEL, PATRICIA S</b> <input type="checkbox"/> Delete <b>11360 FORTUNE CIR. STE. E-1</b> <b>WELLINGTON, FL 33414</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>Hetzel, Patricia S.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>220 Pleasant Wood Dr.</b> <b>Wellington, Fl 33414</b>	
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	
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	
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	
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	
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	
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: <u><i>Patricia Hetzel</i></u> <b>Patricia Hetzel</b> <i>President</i> <b>4/10/06</b> <b>561-248-3131</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					