

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099778

FILED
Jan 03, 2006
Secretary of State

Entity Name: PROFESSIONAL NONATTORNEY SERVICES INC.

Current Principal Place of Business:

650 NW 180TH TERRACE
SUITE B
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

650 NW 180TH TERRACE
SUITE B
PEMBROKE PINES, FL 33029 US

FEI Number: 65-0803021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

650 NW 180TH TERRACE
SUITE D
PEMBROKE PINES, FL 33029 US

New Mailing Address:

650 NW 180TH TERRACE
SUITE D
PEMBROKE PINES, FL 33029 US

Name and Address of Current Registered Agent:

RUIZ (JD)(MBA), OSCAR A DR
650 NW 180TH TERRACE
SUITE B
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LERMA, CLAUDIA
Address: 650 NW 180TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP () Delete
Name: SANCHEZ, CARMEN
Address: 650 NW 180TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA X LERMA

P

01/03/2006

Electronic Signature of Signing Officer or Director

Date