


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000059511 1. Entity Name PERSONAL BUSINESS SOLUTIONS, INC.	
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Principal Place of Business 1500 NORTH FEDERAL HIGHWAY #200 FORT LAUDERDALE, FL 33304	Mailing Address 1500 NORTH FEDERAL HIGHWAY #200 FORT LAUDERDALE, FL 33304
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03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0847934	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHRISTIANSEN, MICHAEL E 1500 NORTH FEDERAL HIGHWAY #200 FORT LAUDERDALE, FL 33304
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**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


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

UNIQUE122659
04/21/04-80037-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAGUNDES, DOMINICA C/O 1500 NORTH FEDERAL HIGHWAY #200 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  4/15/04 954241-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DOMINICA FAGUNDES