

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90110 033 ***150.00

DOCUMENT # P98000099301

1. Entity Name
PUBLISH SERVICES INC.



Principal Place of Business
**10688 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065**

Mailing Address
**6466 NW 5TH WAY
FORT LAUDERDALE, FL 33309**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2953 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

04272007 Chg-P CR2E034 (12/06)

City & State

City & State

Fort Lauderdale, FL

4. FEI Number
65-0919493

Applied For
Not Applicable

Zip

Country

Zip

33309

Country

USA

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

**TIRICO, TODD
6466 N.W. 5TH WAY
FT. LAUDERDALE, FL 33309**

Name

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

2953 W. Cypress Creek Road

Suite 101

City

Fort Lauderdale

FL

Zip Code

33309

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)

4-27-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **TIRICO, TODD**
CITY-ST-ZIP **6466 N.W. 5TH WAY
FT. LAUDERDALE, FL 33309**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2953 W. Cypress Creek Road Suite 101**
CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4-27-07