


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90354 034 ***150.00

DOCUMENT # S31956	
1. Entity Name P & M MANAGEMENT SERVICES, INC.	

Principal Place of Business 400 SW 107 AVENUE SUITE 312 MIAMI, FL 33174 US	Mailing Address 400 SW 107 AVENUE SUITE 312 MIAMI, FL 33174 US
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DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0252102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MORENO, ONEIDA
400 SW 107 AVENUE
SUITE 312
MIAMI, FL 33174

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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: *Oneida Moreno* DATE: 4/12/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORENO, ONEIDA
STREET ADDRESS	10825 NW. 73 TERR
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	TD
NAME	CARVAJAL, LOURDES M
STREET ADDRESS	10825 NW. 73 TERR
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	SD
NAME	MORENO, ONEIDA
STREET ADDRESS	10825 NW. 73 TERR
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Oneida Moreno* 4/12/06 (305) 220-5684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President