

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000108080

Entity Name: PRIMARY ART SERVICES SOUTH, INC.**Current Principal Place of Business:**1626 LATHAM ROAD
WEST PALM BEACH, FL 33409**Current Mailing Address:**35-02 BORDEN AVENUE
LONG ISLAND CITY, NY 11101 US**FEI Number:** 45-4120274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:** MARK WILLIAMS

04/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DANIELL, LISA
Address 35-02 BORDEN AVENUE
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name DANIELL, PETER
Address 35-02 BORDEN AVENUE
City-State-Zip: LONG ISLAND CITY NY 11101

Title PRESIDENT
Name DANIELL, LISA
Address 35-02 BORDEN AVENUE
City-State-Zip: LONG ISLAND CITY NY 11101

Title VICE-PRESIDENT
Name DANIELL, PETER
Address 35-02 BORDEN AVENUE
City-State-Zip: LONG ISLAND CITY NY 11101

Title SECRETARY
Name DANIELL, LISA
Address 35-02 BORDEN AVENUE
City-State-Zip: LONG ISLAND CITY NY 11101

Title TREASURER
Name DANIELL, LISA
Address 35-02 BORDEN AVENUE
City-State-Zip: LONG ISLAND CITY NY 11101

I hereby 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 all other like empowered.

SIGNATURE: LISA DANIELL

PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date