


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # J06907
 1. Entity Name
PRODUCERS ASSOCIATES, INC.



Principal Place of Business Mailing Address
2333 BRICKELL AVE. **9741 SW 45 ST.**
#1701 **MIAMI, FL 33165 US**
MIAMI, FL 33128 US

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2689141 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SKOKE, BERNARD G.
2333 BRICKELL AVE.
#1803
MIAMI, FL 33129

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKOKE, BERNARD G. 2333 BRICKELL AVE #1803 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PACHECO, LINDA 9741 SW 45 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHER, JEFFREY A. 13800 SW 20 ST DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/09/05-80022-017 150.00

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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: Linda Pacheco LINDA PACHECO 4/5/05 305-554-6908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #