

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J11096

FILED
Jan 03, 2005
Secretary of State

Entity Name: PROFESSIONAL CONCESSIONS, INC.

Current Principal Place of Business:

C/O WAR MEMORIAL AUDITORIUM
800 N.E. 8TH ST.
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

13420 SOUTH SHORE BLVD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2691892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TEPPS, JEROME L.
3411 POWERLINE ROAD
SUITE 701
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MANIERI, DENNIS J
Address: 2213 N.E. 16 CT.
City-St-Zip: FT. LAUDERDALE, FL

Title: DV () Delete
Name: BECK, BRUCE E.,
Address: 17230 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE BECK

VP

01/03/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date