

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90274 035 ***150.00

DOCUMENT # P03000061211
 1. Entity Name
 PRC INVESTMENT INC



94076716



Principal Place of Business
 5170 SW 40TH AVE
 # 22 E
 FORT LAUDERDALE, FL 33314

Mailing Address
~~5170 SW 40TH AVE~~
~~# 22 E~~
~~FORT LAUDERDALE, FL 33314~~

02272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
 6363 NW 6 Way
 Suite, Apt. #, etc.
 # 160

3. Mailing Address
 6363 NW 6 Way
 Suite, Apt. #, etc.
 # 160

City & State
 Fort Lauderdale, FL

City & State
 Fort Lauderdale, FL

Zip
 33309

Country
 USA

Zip
 33309

Country
 USA

4. FEI Number
 20-0028609

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAIRONE, PETER M
 5170 SW 40TH AVE
 # 22 E
 FORT LAUDERDALE, FL 33314

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 Peter M. Cairone (President) DATE Apr 27/04

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD CAIRONE, PETER M 5170 SW 40TH AVE # 22 E FORT LAUDERDALE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAIRONE, ROSE 5170 SW 40TH AVE # 22E FORT LAUDERDALE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Peter M. Cairone Peter M. Cairone Apr. 27/04 (954)667-0041

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