

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000014311**

1. Entity Name  
**PCC ENTERPRISES, INC.**



Principal Place of Business  
**1749 E. HALLANDALE BCH. BLVD.  
#113  
HALLANDALE, FL 33009**

Mailing Address  
**1749 E. HALLANDALE BCH. BLVD.  
#113  
HALLANDALE, FL 33009**



07162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0673037**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ARAZOZA & FERNANDEZ - FRAGA P.A.  
2100 SALZEDO ST  
STE 300  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE: DP  
NAME: ALAXANDER, JULIAN  
STREET ADDRESS: 2500 PARKVIEW DR #1011  
CITY-ST-ZIP: HALLANDALE, FL 33009

TITLE: D  
NAME: ALAXANDER, BRUCE  
STREET ADDRESS: 425 EAST 76 STREET, APT 11-A  
CITY-ST-ZIP: NEW YORK, NY 10021

TITLE: D  
NAME: ALEXANDER, TIMOTHY  
STREET ADDRESS: 2811 N. OAKLAND FOREST DR #105  
CITY-ST-ZIP: OAKLAND PARK, FL 33309

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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07/20/05-80005-020 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J Alexander JULIAN ALEXANDER 7/15/05 954 456 3437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #