

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90078 041 ***150.00

DOCUMENT # P04000164453

1. Entity Name
PC'S & PROGRAMS, CORP.



Principal Place of Business
**13411 S.W. 108TH STREET CIRCLE NORTH
MIAMI, FL 33186**

Mailing Address
**13411 S.W. 108TH STREET CIRCLE NORTH
MIAMI, FL 33186**

40026110

2. Principal Place of Business
13441 S.W. 108th Street Circle North
Suite, Apt. #, etc.

3. Mailing Address
13441 S.W. 108th Street Circle North
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33186

Country

Zip
33186

Country

02152005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2144729

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SASSO, PAUL R ESQ.
7721 S.W. 62ND AVE., SUITE 202
SOUTH MIAMI, FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**D
HERZ, STEPHEN
13411 S.W. 108TH STREET NORTH CIRCLE NORTH
MIAMI, FL 33156**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Herz, Stephen
13441 S.W. 108th Street Circle North
Miami, Florida 33186**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

305-606-6331

Daytime Phone #